S. A15

The correct age

Evidence for addition in #18' shown on:

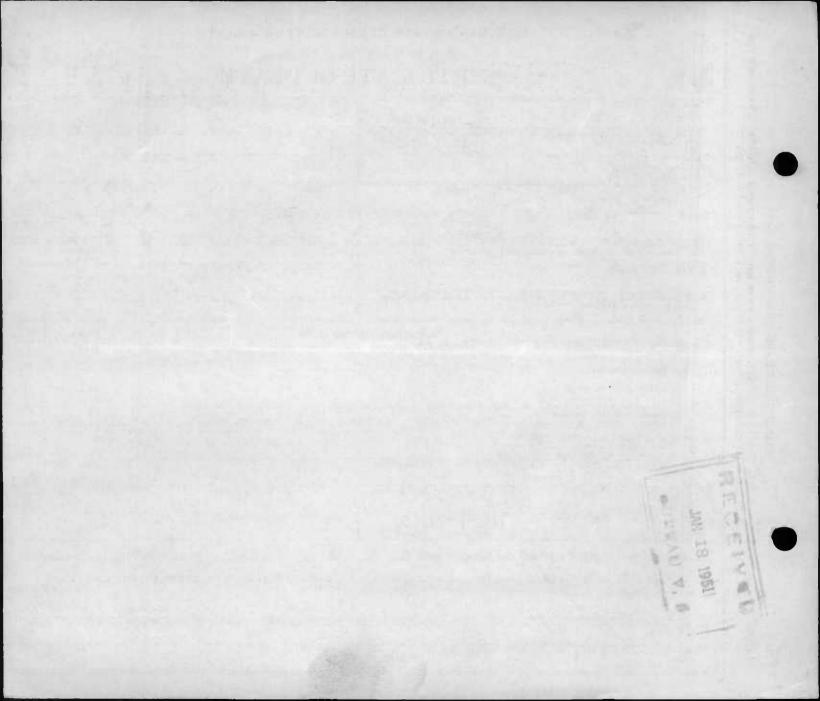
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# JAN 19 195 CERTIFICATE OF DEATH

		10	00	13-
Reg.	Dist.	No.	7	

1. PLACE OF DEATH COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY CITY (if cutatide corporate limits, write RURAL and LENGTH OR STATY OR give pearest town) OR g	, I I I I I I I I I I I I I I I I I I I	1001		
CITY (If outside corporate limits, write RURAL and LENGTH OR STAY ON TWO searest town)  ON White searces town of the searce tow	1. PLACE OF DEATH-		2. USUAL RESIDENCE (HOME) OF DECEASE	
OR TOWN HOSPITAL OR HOSPITAL HOSP	COUNTY	MARYLAND	STATE mal-	COUNTY Cecil.
ORWN five nearest town.  OR WITH CONTROL OR INSTITUTION OR STREET ADDRESS  OR OR OR OR RACE  IS INGLE MARKED.  OR OR OR OR OR RACE  IS INGLE MARKED.  OR OR OR OR OR RACE  IS INGLE MARKED.  OR OR OR OR OR RACE  IS INGLE MARKED.  OR OR OR OR OR RACE  IS INGLE MARKED.  OR OR OR OR OR RACE  IS INGLE MARKED.  OR OR OR OR OR OR RACE  IS INGLE MARKED.  OR OR OR OR OR OR HAVE  IS INGLE MARKED.  IS INGLE MARKED.  IN OR OR OR OR OR OR OR OR RACE  IS INGLE MARKED.  IN OR OR OR OR OR OR OR OR OR INCLEMANCE.  IS INGLE MARKED.  IN OR	CITY (If outside corporate limits, write F	RURAL and   LENGTH OF STAY		and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS  1. NAME OF DEATH Whoth Color Our RACE SEX  1. SINGLE MARRIED WIDWELD DIVORCED SEX  1. SINGLE MARRIED SEX  1. DEATH Monthal Days Houre 1 feet 1 funder 2 for Monthal Days Houre 1 feet 1 funder 2 for Monthal Days Houre 1 feet 1 funder 2 for Monthal Days Houre 1 feet 1 funder 2 for Monthal Days Houre 1 feet 1 funder 2 for Monthal Days Houre 1 feet 1 funder 2 for Monthal Days Houre 1 feet 1 funder 2 for Monthal Days Houre 1 feet 1 funder 2 for Monthal Days Houre 1 funder	OR give nearest town	(in this place)		7
INTERTY ADDRESS    ADDRESS   Content   Content		2 1 1 1 1 1		ation)
3. NAME OF (First) (Middle) (Last) (Last) (Pype or Print) (Pyp	INSTITUTION OR	· Kant II.		
DECEASED (Type of Pints)  6. COLOR OIL RACE (TSINGLE MARNED) (Specify) (Spec		001313	(T	(D-) (V-)
DEATH   Company   Compan	TO THOUSE A COUNTY	- 1 1	OF ()	ith) (Day) (Year)
10. USUAL OCCUPATION Give kind of work of support with the constitution of storing most of vorting life, even if retired in Structure and of storing most of vorting life, even if retired in Structure and the contract of the contract and the con	(Type or Print) L MALL	3 HT1361.1	ELS WANGER   DEATH	
10. USUAL OCCUPATION Give kind of work of support with the constitution of storing most of vorting life, even if retired in Structure and of storing most of vorting life, even if retired in Structure and the contract of the contract and the con	5. SEX 6. COLOR OR RAC	WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE last birthday	Months, Days Hours Min.
13. PATHER'S NAME   14. MOTHER'S MATDEN NAME   14. MOTHER'S MATDEN NAME   15. MAS DECRASED EVER IN U.S. ARAMD FORCEST / 16. SOCIAL SECURITY NO.   17. INFORMANT AND ADDRESS (Yee, no. or unknown) (I yeer, give var or dates of the service)   18. MEDICAL CERTIFICATION   17. INFORMANT AND ADDRESS   18. MEDICAL CERTIFICATION   18. MEDICAL C	m. lon.	(Specify) Mind	(UC\$ 18, 1861 07 yrs.	
13. PATER'S NAME  14. MOTHER'S MADEN NAME  15. WAS DECRASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17, INFORMANT AND ADDRESS (Yes, no, or unknown) (Hyeer, give war or dates of the above cause stating the underlying cause last cause (a). Called bracklast leaves at the underlying cause last cause unknown: Called bracklast leaves stating the underlying cause last cause unknown: Called bracklast leaves at the underlying cause last cause unknown: Called bracklast leaves at the underlying cause last cause unknown: Called bracklast leaves at the underlying cause last cause unknown: Called bracklast leaves at the underlying cause last cause unknown: Called bracklast leaves at the underlying cause last cause unknown: Called bracklast leaves at the underlying cause last cause unknown: Called bracklast leaves at the underlying cause last cause unknown: Called bracklast leaves at the underlying cause last cause unknown: Called bracklast leaves at the underlying cause last cause unknown: Called bracklast leaves at the underlying cause last cause unknown: Called bracklast leaves at the underlying cause last cause unknown: Called bracklast leaves at the underlying cause last cause unknown: Called bracklast leaves at the underlying cause last leaves at the underlying cause last leaves at the deceased leaves leaves and on the date stated above.  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) (STATE) (Specify) (Specify) (STATE) (Specify) (Specify	10a. USUAL OCCUPATION (Give kind of w	vork 10b. Kind of Business on	11. BIRTHPLACE (State or foreign country)	
15. WAS DECRASED EVER IN U.S. ARMED FORCEST / 16. SOCIAL SECURITY NO. 17, INFORMANT AND ADDRESS (Yee, no, or unknown) (If yee, rove var or dates of service)  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  II. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Antecedent cause (a)	done during most of v. orking ine, even it retail		Baltemore, brok	COUNTAIL
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  Antecedent cause(s)    3/a   Diseases or conditions, if any, giving rise to the above cause gring from the cause of condition causing death.    11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.    19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSYT Yes   No   DISEASE   No   No   While at   Not While of	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  Antecedent cause(s)    3/a   Diseases or conditions, if any, giving rise to the above cause gring from the cause of condition causing death.    11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.    19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSYT Yes   No   DISEASE   No   No   While at   Not While of	Unlin Bersu	meer	no ons.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH    Immediate cause   (a)	15. WAS DECRASED EVER IN U.S. ARMED FO	RCES? 16. SOCIAL SECURITY No.	17 INFORMANT AND ADDRESS	- 11 (11 )
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) Conditions of Death  Diseases or conditions, if any, giving rise to the above cause  Cause unknown: Culture of effusion negative for all bacteria  11. OTHER SIGNIFICANT CONDITIONS  Conditions contribute to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT  SUCCIDENT  SUCCIDENT  OF  OF  OF  OF  OF  OF  OF  OF  OF  O	(Yes, no, or unknown) (If year, give war or di	ates of	ma Kena Beiscome	w Ches to hel
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) College of the college			1110011	
Immediate cause  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  Cause unknown: culture of effusion negative for all bacteria  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? Yes   No    21. ACCIDENT (Specify) OF office bidg, etc.) INJURY  DIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OFFINDINGS OF OPERATION   How DID INJURY OCCURT OFFINDINGS OF OPERATION   STATE)  22. I hereby certify that I attended the deceased from the deceased of the deceased alive on the deceased of the deceased from the deceased of the deceas			RTIFICATION	
Antecedent cause  Antecedent cause (s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY! Yes   No    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, SUICIDE (IOMICIDE)   OF office bidg., etc.)   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED (OF INJURY)   INJURY	I. DISEASES OR CONDITIONS DIRECT			ONSET AND DEATH
Antecedent cause  Antecedent cause (s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY! Yes   No    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, SUICIDE (IOMICIDE)   OF office bidg., etc.)   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED (OF INJURY)   INJURY	T	Cashis orsula	- March Olsagel	2 reas
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	442 Immediate cause			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  Cause unknown: culture of effusion negative for all bacteria  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (INJURY) CCCURRED (STATE)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED (While at Not While Mork At work 1	Antecedent cause(s)			
glving rise to the above cause stating the underlying cause last (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? Yes No OF office bidg, etc.) INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   Not While	19 / Discours on conditions if ones (h	Meurel elke	esen 110D	unkeron
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related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  Yes No  Yes No  Yes No  OF office bidg., etc.)  HOW DID INJURY OCCUR?  OF INJURY Not While at Work At work 19 Not While at Work At work 19 Not While at Not While at Work 19 Not While at Not While Not While at Not While N			(1/22/9	l akt)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE (Home) (DF) office bidg., etc.) (PLACE (Home) (ART) (STATE)				
21. ACCIDENT SUICIDE OF office bidg., etc.)  INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While Work At work Degree or title)  22. I hereby certify that I attended the deceased from May Divide At work Degree or title)  23. BURIAL, CREMATION DATE (Degree or title)  PLACE (Home, farm, factory, street, OF office bidg., etc.)  INJURY (CITY OR TOWN) (COUNTY) (STATE)  HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  The property of that I last saw the deceased above. The property of the causes and on the date stated above. DATE SIGNED  NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  PLACE (Home, farm, factory, street, OCCURTON)  TIME (Month) (Day) (Year) (Hour) INJURY OCCUR?  The property of that I last saw the deceased from May DATE SIGNED  NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  PLACE (Home, farm, factory, street, OCCURTON) (CITY OR TOWN)  THE PLACE (Home, farm, factory, street, OCCURTON) (CITY OR TOWN)  THE PLACE (Home, farm, factory, street, OCCURTON) (CITY OR TOWN)  THE PLACE (Home, farm, factory, street, OCCURTON) (CITY OR TOWN)  THE PLACE (Home, farm, factory, street, OCCURTON) (CITY OR TOWN)  THE PLACE (Home, farm, factory, street, OCCURTON) (CITY OR TOWN)  THE PLACE (Home, farm, factory, street, OCCURTON) (CITY OR TOWN)  THE PLACE (Home, farm, factory, street, OCCURTON) (CITY OR TOWN)  THE PLACE (Home, farm, factory, street, OCCURTON) (CITY OR TOWN)  THE PLACE (Home, farm, factory, street, OCCURTON) (CITY OR TOWN)  THE PLACE (Home, farm, factory, street, OCCURTON) (CITY OR TOWN)  THE PLACE (HOWN) (CITY OR TOWN)  THE PLACE (How Park of Town) (CITY OR TOWN)  THE PLACE (How Park of Town) (CITY OR TOWN)  THE PLACE (How Park of Town) (CITY OR TOWN)  THE PLACE (How Park of Town) (CITY OR TOWN)  THE PLACE (HOWN) (Hour) (Hour) (How Park of Town) (CITY OR TOWN)  THE PLACE (HOWN) (HOUR) (HOWN) (H	19a. DATE OF OPERATION   19b. MAJ	OR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT SUICIDE OF office bidg., etc.)  INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While Work At work More At work More SIGNATURE  22. I hereby certify that I attended the deceased from More At work Injury occurred at Address and on the date stated above.  SIGNATURE  12. BURIAL, CREMATION DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS  ADDRESS  ADDRESS				Yes D No D
IIOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   HOW DID INJURY OCCUR?  OF INJURY  22. I hereby certify that I attended the deceased from At work   How DID INJURY OCCUR?  alive on   19   , and that death occurred at   2   m., from the causes and on the date stated above.  SIGNATURE (Degree or title)   ADDRESS   DATE SIGNED  23. BURIAL CREMATION   DATE   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county)   (State)    PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE   24. FUNERAL DIRECTOR   ADDRESS   ADD		PLACE (Home, farm, factory, street,	(CITY OR TOWN) (CC	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED Not While at Not Wh				
22. I hereby certify that I attended the deceased from	1101111111		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	OF			
alive on the date stated above.  SIGNATURE  (Degree or title)  ADDRESS  DATE SIGNED  OLDER TO THE COUNTY OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS	INJURI	M. I WOLL   Ac WOLL	= A	
alive on the date stated above.  SIGNATURE  (Degree or title)  ADDRESS  DATE SIGNED  ADDRESS  DATE SIGNED  NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county), (State)  REMOVAL (Specify)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS	22. I hereby certify that I attended	the deceased from ky 6	19/ to/aw. 14 195/ that 1	last saw the deceased
SIGNATURE  (Degree or title)  ADDRESS  DATE SIGNED  LOCATION (City, town, or county)  REMOVAL (Specify)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  (Degree or title)  ADDRESS  LOCATION (City, town, or county)  LOCATION (City, town, or county)  ADDRESS  ADDRESS	0 111 1-		1. 21 6) //	
23. BURIAL, CREMATION DATE  NAME OF CEMETERY OR CREMATORY  LOCATION (City, town, or county)  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS		, and that death occurred at,	m., from the causes and on the	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS	SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24. FUNERAL DIRECTOR  ADDRESS	In Mon	$m \times m$	Cheropashelety his	1/15/51
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	23. BURIAL, CREMATION DATE REMOVAL (Specify)	NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town,	or county) (State)
PEC ()	DATE REC'D BY LOCAL TREGISTRA	R'S-SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
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		0	2900	117



2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

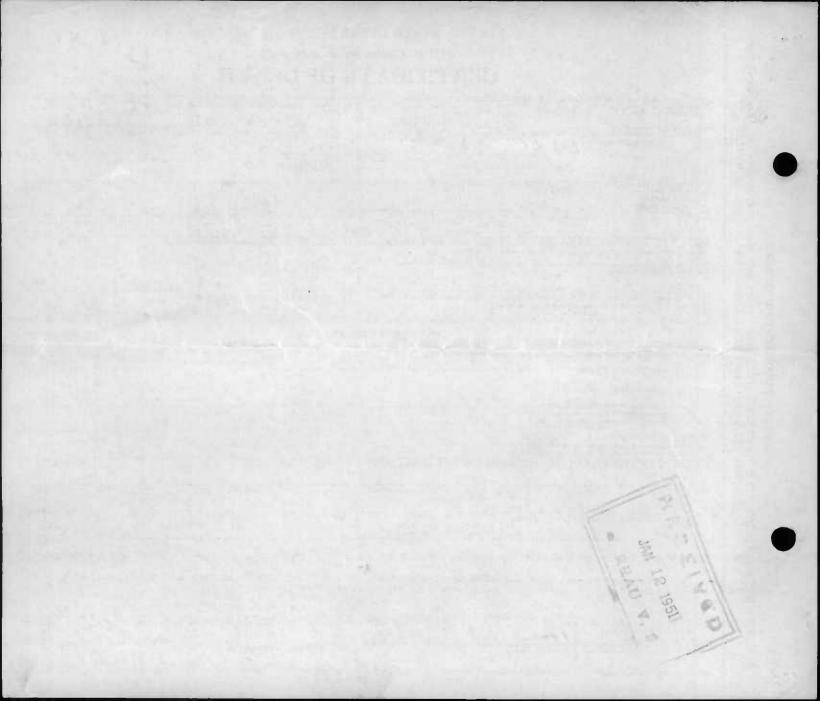
290636

/		/
1. PLACE OF DEATH Turout to Ulum Hopital	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	v
MARYLAND	MARYLAND C	FCIL
OR give nearest town)	CITY (If outside corporate limits, write RURAL and give OR	ve nearest town)
TOWN EIATON	TOWN CECILION	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location) ADDRESS	
STREET ADDRESS		
3. NAME OF (Erst) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	DENJON DEATH	10 1957
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)  7. ARRIED	8. DATE OF BIRTH 9. AGE tast birthday If under Months.	Days   Hours   Min.
10a USUAL OCCUPATION (Give kind of work) 10b. Kind of Business on		CITIZEN OF WHAT
done during most of vorking life, even if retired) INDUSTRY OUNE	REARLUILLE Md	COTS A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
30HN S. 13 ENSON	MAIL WENNEY	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes, no, or sindhown)   (If year, give war or dates of	17. INFORMANT AND ADDRESS	-ne me
service) NONE	Mrs John Denson, Lece	cloying
18. MEDICAL CE	PTIECATION	Ivenous B
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ATTRICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Mussine Cerel	ral hereonlage	3 homes
443× Antecedent cause(s)	1 -	
Diseases or conditions, if any, (b) Aufferlies (	Cardis rosula desence	10 years
giving rise to the above cause stating the underlying cause last		0
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		1
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	-
OF While at Not While INJURY m. Work At work		
	- 5/2 /- 12	
22. I hereby certify that I attended the deceased from	5, 19 40 to am 10, 195/, that I last s	saw the deceased
10 10 and that double howard at	1.10	
alive on 19 and that death occurred at	ADDRESS	DATE SIGNED
MILL TO THE TOTAL	Ola Asharon	/
July and The	cuso geore is the	1/10/5-1
DEBACOVAL (Consider)	RY OR CREMATORY LOCATION (City, town, or coun	ty) (State)
low tal	leellon le	oil Mo
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. PUNERAL DIRECTOR	ADDRESS
11 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1	Joseph / K March . 1 mg	h Cook MI

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct age

The ?



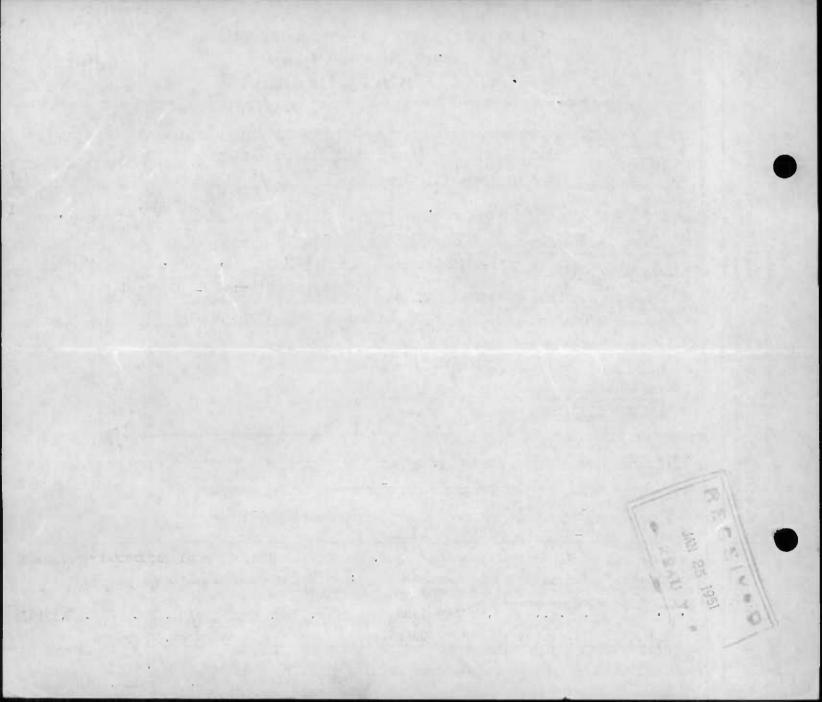
2411 N. Charles Street, Baltimore

# 0390

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

COUNTY	4.		2. USUAL RESIDENCE (	HOME) OF DECEASED.	,
COUNTY	ecil	MARYLAND	Mary lan	d COUNTY	ord
CITY (If outside cook give nearest TOWN	orporate limits, write RUR town) erry Point	LENGTH OF STAY (in this place)	II OR	nte limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS		Administration	STREET	(If rural, give location) Rigdon Road	/
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) 5. SEX	ROBERT 6. COLOR OR RACE	S.	BROWN	9. AGE last birthday II under	cy 22 19 51
male	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 8.29- <b>k</b> 892	58 yrs. Months	Hours Min.
done during most of w	ATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)   12	CITIZEN OF WHAT
hemist & engi	orking life, evon If retired) neering speci-	fi- Private	Washingtonvil		Cours X?
	E cations wri	ter	14. MOTHER'S MAIDEN		
	wn - deceased		Amanda Hibs	hman - deceased	
(Yes, no. of unknown)	ER IN U.S. ARMED FORCE	01	17. INFORMANT AND	ADDRESS	
Yes	(If yes, give war or dates service) WW	Unknown	Hospital re	cords	
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
Immediate	cause (a)	Coronary thrombos	is		Unknown
4501		due to			
Alliecedel	t cause(s)	Coronary sclar	osis		
giving rise to	the above cause	001 011111 20161.	V-0 2-0		
140 stating the u	nderlying cause last				
II. OTHER SIGNIFI	CANT CONDITIONS				1
Conditions contribu	ting to the death but not	A&			
	e or condition causing dea	FINDINGS OF OPERATION			1 20. AUTOPSY?
IN DALL OF OLD	1011	and of or brains.			
21. ACCIDENT	(Specify)   PLA	CE (Home, farm, factory, street,	(CITY OR	rown) (COUNTY)	(STATE)
SUICIDE HOMICIDE	OF INJ	office bldg., etc.) URY	***		(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED   While at Not While	HOW DID INJURY OC	CUR?	
INJURY	m.	Work At work			
00 71 1 1	VA.		0 1050 / Tan	20 40 53	
		e deceased from Dec. 3			
SIGNATUA	Axadixiaxx, at	nd that death occurred at (Degree or title)	9:45 PM m., from the	causes and on the date sta	ated above. DATE SIGNED
E. O. BRAN	Herry	of Profesional Ca	ward and WAH Day	man Daine Wa T	27 7053
23. BURIAL, CREM. REMOVAL (Specific Removal)	ATION I DATE THERE		RY OR CREMATORY	LOCATION (City, town, or count	y) (State)
DATE REC'D BY			1 STATEDAL DISTORT	Aberdeen, Marylan	
PREG.	951 Frene	S Durchart	24. FUNERAL DIRECTO	hing and Nous.	ADDRESS
0		7	HENRY TARRING		MARYLAND



2411 N. Charles Street, Baltimore

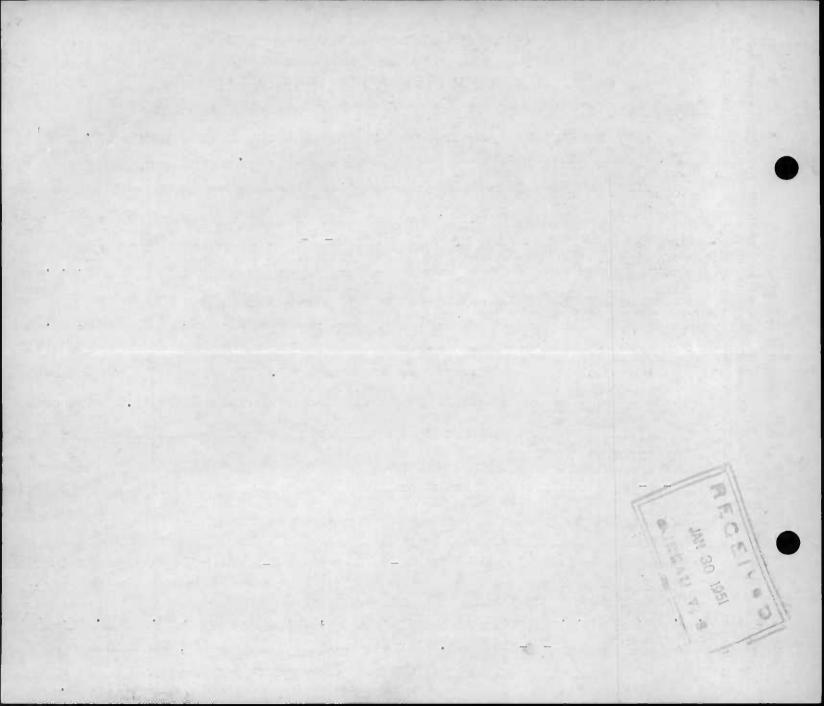
# CERTIFICATE OF DEATH

Reg. Dist. No. .... 9.6.

(1391

1. PLACE OF DEAT	(I)		2. USUAL RESIDENCE (	THOMES OF DECEMEND	
COUNTY		24.022	STATE	CC	UNTY
CITY (If outside c	Cecil corporate limits, write RUR	MARYLAND AL and I LENGTH OF STAY	CITY (If outside corne	nte limite, write RURAL	St. Mary's
OR givo nearest	town)	(in this place)	II OR		ind give nearest town)
HOSPITAL OR	Perry Poin	t 29 days	TOWN St.	Inigoes (If rural, give locat	(on)
INSTITUTION OF	R Weterane Adm	inistration Hospit	ADDRESS	FD	/
3. NAME OF	(First)	(Middle)	(Last)	14. DATE (Mont)	n) (Day) (Year)
DECEASED	HARRY			OF	, (2-4)
(Type or Print) 5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	ISLEY  8. DATE OF BIRTH	DEATH Janua	under I year   If under 24 hrs
Male	Negro	WIDOWED, DIVORCED, (Specify)Married	6-24-90	60 yrs. M	onths Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work vorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
Unknown		Unknown	Maryland		COUNTRY?
13. FATHER'S NAM	IE .		14. MOTHER'S MAIDE	NAME	
	Richard Chis	lev	Unknot	m	
15. WAS DECRASED E	ver In U.S. Armed Forces (If yes, give war or dates of	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
Yes Yes	service) III I	Unknown	Hospital Record	is. VAH. Perry	Point, Md.
		18. MEDICAL CE			
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
	A.	denocarcinoma of	lamas hamal		27
158 x Immediat	e cause (a)A	delincarcinoma of	rarge DOMET.	######################################	Unknown
Diseases or giving rise to stating the u	o the above cause underlying cause last (c)	eneralized carcino	omatosis of per	itoneal cavity.	Unknown
Conditions contribu	CANT CONDITIONS uting to the death but not use or condition causing deat				
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION			1 20. AUTOPSY?
1-15-51		my (see above)			
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COU	Yes No D
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While st Not While Work	HOW DID INJURY OF	CCUR!	
22. I hereby cert	ify that Kattended the	deceased from 12-29	, 19.50., to 1-27.	, 19.5 <b>1</b> , (AKK)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
SIGNATURE	AXXXXXXXXX an	d that death occurred at	11:15 Am., from the	e causes and on the da	ate stated above. DATE SIGNED
E. P. BRANNO 23. BURIAL, CREM REMOVAL (Spec Removal )	ATION I DATE THERE		RY OF CHECKACOPICAL	LOCATION (City, town, o	
DATÉ REC'D BY REG.	LOCAL REGISTRAR'S	St. Peter Clar	ver's Church	Ridge, Maryl	and ADDRESS
Jon. of	195/ 2	7	PENNINGTON & S	ON Horney de O	263
U			TEMMINATURATION OF 2	ON, Havre de G	race. Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

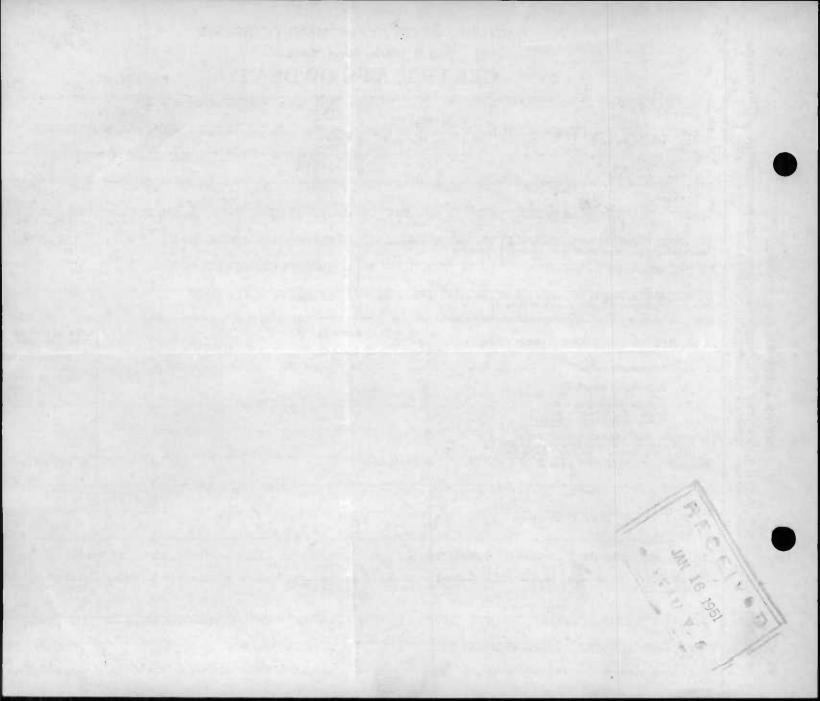
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No .................

	/
1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.
CITY (If outside corporate limits, Atte-RURAL and LENGTH OF STAY OR give nearest toys) TOWN	CITY (II outside opporate limits, suite RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OF WIND HOSPITAL STREET ADDRESS WINN HOSPITAL	STREET (If rural, give location)
3. NAME OF DECRASED (Middle) (Type or Print) (Middle) (Type or Print)	Chast) 4. DATE (Month) (Day) (Year) OF DEATH 1 14 1957
5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday   If under 1 year   If under 24 hrs   Months.   Bay   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during frost of working life, even directived)  10b. Kind of Business on Industry	11. BISTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY!
13. FATHER ENAME Christy fr.	14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	Clinic Christy Joll mo.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause  Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes □ No ☑
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.   Work   At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 18/25	
alive on 14 , 19.57, and that death occurred at SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
REMOVAL (Specify) Jan 15/950 Sassahas	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL PREGISTRAR'S SIGNATURE REG. 15 15 1 July 15	6 destand Tellow milling to med.
201250298282	



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

# VS. A15

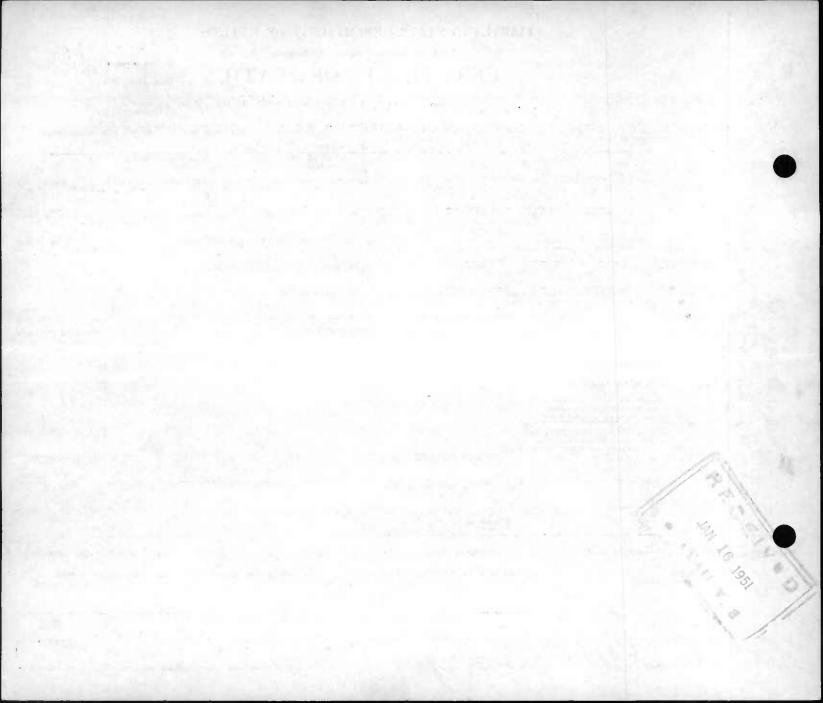
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH- COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (F	IOME) OF DECEASE	COUNTY Cecil
CITY (If outside corporate limits, write RURAL OR give nearest town) TOWN RISING Sun R	and LENGTH OF STAY Ural (in this place)		ate limits, write RURA	L and give nearest town)
INSTITUTION OR	Mursing Home	STREET ADDRESS	(If rural give lo	cation)
3. NAME OF DECEASED (Type or Print) (First) David	(Middle) Samuel	Cline	4. DATE JM	nth) (Day), (Ye
Male White	SINGLE, MARRIED, WIDOWED: AND BEAD, (Specify)	s. Date of Eirth Jan. 26, 1867	9. AGE last hirthday 83 yrs.	If under I year If under 24 Months Days Hours M
10a. USUAL OCCUPATION (Give kind of work doubduring good of working life even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY IM OWNER	Wytheville	Va.	12. CITIZEN OF WE COUNTRY U.S.
13. FATHER'S NAME UNKNOW		14. MOTHER'S MAIDEN	NAME Unknow	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. Social Security No.	17. INFORMANT Burna	rd Cline	
I. DISEASES OR CONDITIONS DIRECTLY LE.	ADING TO DEATH	e hefter	itié	INTERVAL BETWO
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	artes	nosile	roois	
19a. DATE OF OPERATION   19b. MAJOR FIN	DINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE	/Hama farms factors street	(OTIENT OD I	1011717	Yes No
SUICIDE OF OF INJURY		(CITY OR 1	OWN) (C	COUNTY) (STATE)
OF W	NJURY OCCURRED Thile at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the d	eceased from 9-1	, 19070, to 1-10	2, 1967, that	I last saw the decease
alive on, 19.5 , and t	hat death occurred at	ADDRESS from the	causes and on the	date stated above. DATE SIGNE
Melworlow	min)	Kiring &	un mi	1-13-6
23. BURIAL, CREMATION DATE REMOVAL Injectiv) BUT181 Jan 15 9 DATE REC'D BY LOCAL   REGISTRAR'S SIG	51 Brookview	Cem.	OCATION (City, town Rising Su	n, MD.
Jan 13-41-1 Z. MINO	Hungton	29. FUNERAL DIRECTO	, Bising	Sun. Md



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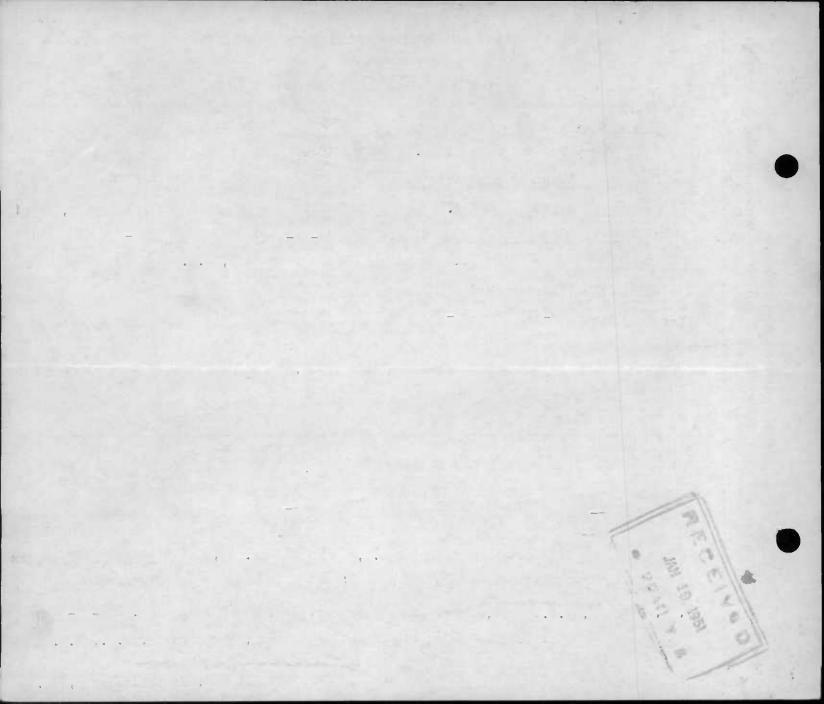
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH	4.		COT A OTE	HOME) OF DECEASED.	NTY
	Cecil	MARYLAND	NEW YC	MA	
CITY (If outside co	orporate limits, write RUR	AL and   LENGTH OF STAY	OR CITY (If outside corpor	rate limits, write RURAL and	d give nearest town)
TOWN give hearest	Perry Point	1 (indhil4 adays	TOWN NEW	YORK	
HOSPITAL OR			STREET	(If rural, give location	n)
INSTITUTION OF STREET ADDRES	Ss Veterans.	Administration	ADDRESS 24	160 Davidson Ave	enue /
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	JAMES		CONNELLY	OF DEATH Janu	ary 15, 19 5]
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	1 9. AGE last birthday   If un	der I vest III under 24 hrs
male	white	WIDOWED, DIVORCED, (Specify) Single	12-23-1897	, yin, i	ths Der Hours Min.
10a. USUAL OCCUP.	ATION (Give kind of work vorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
Unkno	wn		New York Cit		Constant
13. FATHER'S NAM	E	1	14. MOTHER'S MAIDEN	INAME	
JAMES C	ONNELLY - dece	ased	MARGARET I	LYNN	
15. WAS DECRASED EX	VER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
Yes	service) WW	186-01-6324	Hospital Re	corus	
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate	e cause (a)	Carcinoma of the	ne liver, primar	ry hile duct typ	e Unknown
125x					
	nt cause(s) conditions, if any, (b)				
giving rise to	the above cause	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	00 re-, tenes 8 to successor serves <b>i</b> ns a <b>pos</b> 2000 a cos 2000		
stating the u	nderlying cause last				
1. OBILED GLONIES	CANT CONDITIONS				
Conditions contribu	iting to the death but not				
	se or condition causing deat	INDINGS OF OPERATION			1 20. AUTOPSY?
198. DATE OF OPE.	RATION 159. MAJOR I	INDINGS OF OFERATION			
	in it ) 1 DY 4	CD 47 / / / /	(OTEN OF	mown.	Yes No 🗆
21. ACCIDENT SUICIDE	OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUN	TY) (STATE)
HOMICIDE	INJU	JRY			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OF	CUR?	
INJURY	m.	Work At work			
	,VA	Dog 1	. 50 Jan	15 . 51	
22. I hereby certi	ify that I attended the	e deceased from Dec.1	e, 19, to	19, these Police	X POPPOSOR SOLVANDON
THE STATE OF THE S	THE PROPERTY OF	d that doubt accurred at	3: 25 AM from the	aguaga and on the dat	a stated above
SIGNATION	and the state of t	d that death occurred at (Degree or title)	ADDRESS	causes and on the day	DATE SIGNED
	maran	2			
E. P. BRAN	NON, M.D., Chie	f, Professional Se	rvices, VAH, Pe	rry Point, Md.	1-17-51
23. BURIAL, CREM REMOVAL (Spec	ATION   DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or c	
REMOVAL (Spec	1_17_51	Long Island	Nat'l Cemetery	Farmingdale, L.	I., N.Y.
DATE REC'D BY	LOCAL   REGISTRAR'S		24. FUNERAL DIRECTO		ADDRESS
PREG. 12 . 19	51 Inem	- E daughich	(tunn)	and don	
Jun 11, 17		1	PENNITHERION	SON Havre de	Grace Md



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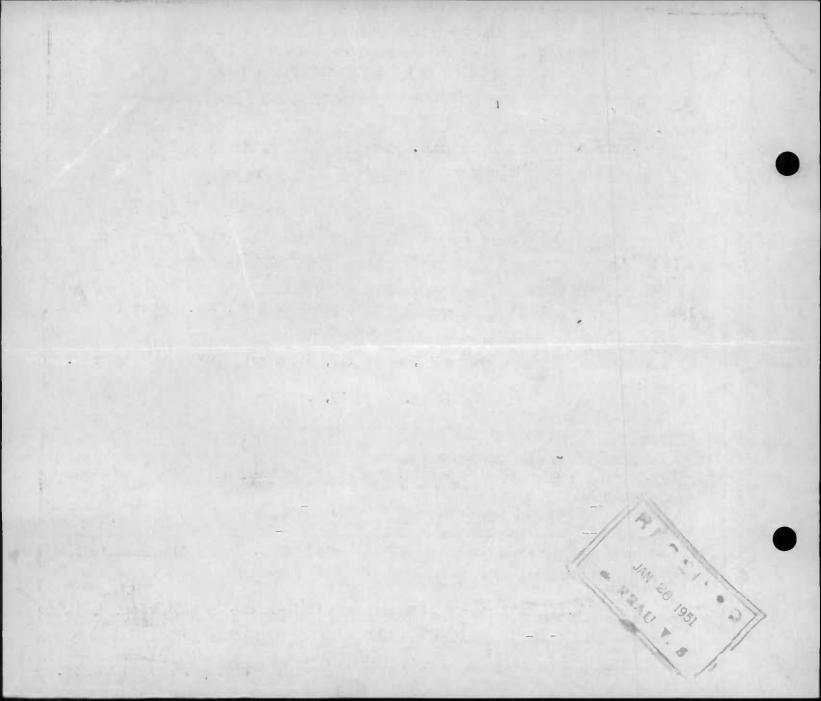
2411 N. Charles Street, Baltimore

# **CERTIFICATE OF DEATH**

Reg. Dist. No...96.....

1395

/					
1. PLACE OF DEATE	I·		2. USUAL RESIDENCE (I		
COUNTY	CIL	MARYLAND	STATE DISTRICT	OF COLUMBIA COUNT	Y
CITY (If outside ed	orporate limits, write RUR.	AL and   LENGTH OF STAY		ate iimits, write RURAL and give	ve nearest town)
OR give nearest TOWN DOY	ry Point	6 mos 5days	OR TOWN Washing	eton	
HOSPITAL OR			STREET	(If rural, give location)	
STREET ADDRES		nistration Hospit		Quincy Street, N.V	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	WILLIAM	Ε.	COONEY	DEATHJanuary	23 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED. DIVORCED.	8. DATE OF BIRTH	9. AGE last birthday   If under   Months.	Days   Hours   Min.
MALE	WHITE	WIDOWED, DIVORCED, (Specify) WIDOWED	8-30-1886	04 yrs.	
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. Kind of Business on Industry Unknown	II. BIRTHPLACE (State of Illinois		COUNTRY? USA
13. FATHER'S NAM	E	1	14. MOTHER'S MAIDEN	NAME	
WILLIAM F	COONEY		NORA FEELEY		
15. WAS DECRASED EV	TER IN U.S. ARMED FORCES		17. INFORMANT AND		
Yes	pervice) WW-I	Unknown	lospital Records	s, VAH., Perry Poi	int, Md.
I. DISEASES OR CO	NDITIONS DIRECTLY	18. MEDICAL CEL	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
		Duramonto hunnel	adal bilatamal	Ama	rox.l week
Immediate	e cause (a)	Pneumonia, bronc		391	DLOX.I MAGK
157× Anteceden	t cause(s)	due 1	to		
		Carcinoma, panci	reas. primary		
46 a giving rise to	conditions, if any, (b) the above cause anderlying cause last		orders	ra <del>landskla</del> ni () <sub>9</sub> ga mi ga čermi injej českopnim pr me po ng mytipapan <u>bog a po</u> a mego no	
/	(c)				***
Conditions contribu	CANT CONDITIONS sting to the death hut not se or condition causing deat	th.			
		FINDINGS OF OPERATION			20. AUTOPSY?
8-14-50	Diaphrag	matic hernia. Gast	ric Ulcer, beni	gn.	Yes No D
21. ACCIDENT	(Specify)   PLA	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR 7		
SUICIDE	INJU	URY	Arris 2400		
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED   While at   Not While   Work   At work	HOW DID INJURY OC	CUR?	
INJURY	TZA		1 444		
22. I hereby certi	ify that kattended th	e deceased from July 18.	, 19.50, to Jan. 23	3, 195 <b>1, teaccitates</b> ca	Percepaga de com
200000000	DODDOOX DODGOOK an	nd that death occurred at 10	1:10 PM m. from the	causes and on the date st	ated above.
SIGNATOR		(Degree or title)	ADDRESS		DATE SIGNED
cos.	353300	Chief Profession	al Services VAF	Permy Point 1	1 7 01 -7
23. BURIAL CREM	ATION   DATE	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or coun	ty) (State)
REMOVAT	ify) 1_24_51	Holy Sepulch		Chicago, Illin	
DATE REC'D BY		SIGNATURE	24 FINERAL DIRECTO		ADDRESS
REG.	951 Ivene	E. Dowshorts	Jemis	un / Um	
Jan 7 1		1 7	PENNINGTON & S	ON, Havre De Grac	e, Md.



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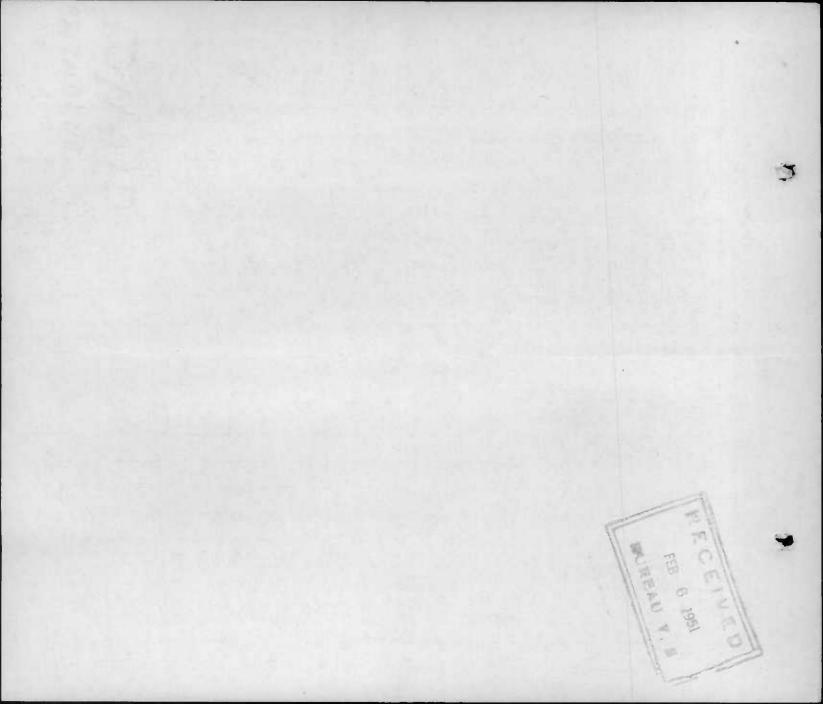
VS. A15A

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg.	Dist.	No	92
			/

053306

0	/ · · · · · · · · · · · · · · · · · · ·		
. The	1. PLACE OF TRATH- COUNTY CHILL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COURTS	ecil
efully gibly.	OR give near than the result of the place.	CITY (If outside Prorate limits, actic RURAL and give OR TOWN	re nearest town)
of information carefully death clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS Water St.	STREET ADDRESS Parter ( ) carlon)	•
matio arly a	3. NAME OF DECEASED HOWAR. ELWOOD	DAVIS 4. DATE (Month) OF DEATH	(Day) (Year) 3/ 1957
infor th cle	6. SEX W. 6. COLOR OR RAGE 7. SINGLE, MARBIED, WIDDEN DESCRIPCION OF THE PROPERTY OF THE PROPE	8. DATE OF BIRTH 9. AGE last birthday If under Months	
of dea	10a. USUAL QCCUPATION (Give kind of work done during most of working life even if retired) with the state of	Wolt ma.	CITIZEN OF WHAT
ry ite	William Daris	14. MOTOR'S MAIDEN NAME POWE	el.
y eve	15. Was Decrased Ever In U.S. Armed Forces? (Yes, no. or unknown) (If yes, give war or dates of service)	17. INFORMANT Dans	
K. Supply every item ase write the causes of	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) Livalle		INTERVAL BETWEEN ONSET AND DEATE
INK.	Antecedent cause(s)		
WITH UNFADING nportant. Physicians:	Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last		**************************************
Phy:	11. UTHER SIGNIFICANT CUNDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
H (	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
WITH UNimportant.	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
LAINLY	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work at work	HOW DID INJURY OCCUR?	
WRITE F	22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decentaries in a cardent , suicide , homicide , homicide , signature le Dockon Degree or title)	Deising Sund.	from the evidence opinion resulted  DATE SIGNED  2-2-67
EASE	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 2 - 5 - 5   Clarab.	ourse near Cherry H	ill
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS



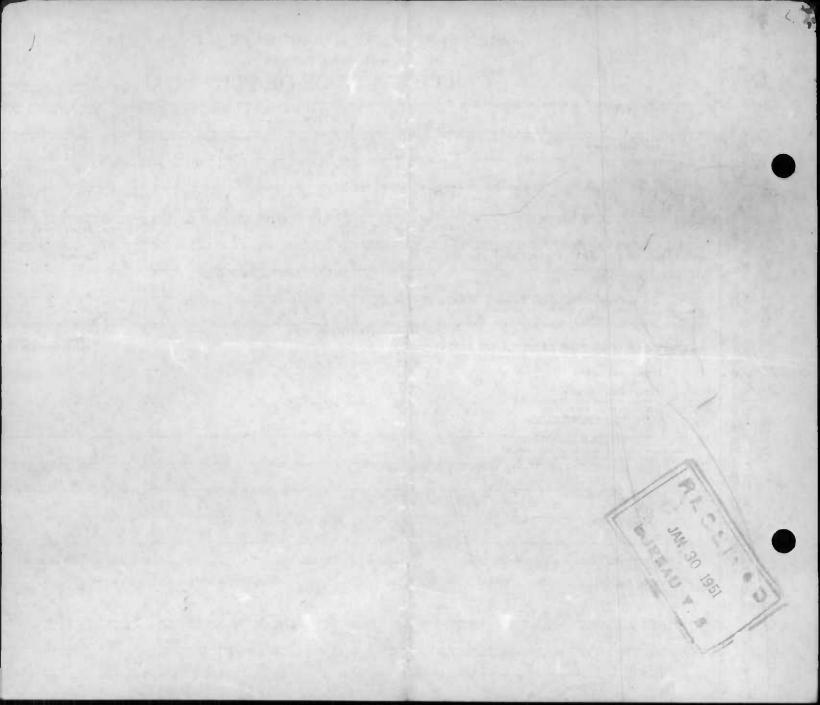
2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH COUNTY Cecil	2. USUAL RESIDENCE (HOME) OF DECEASED-	DUNTY Cecil
CITY (If outside corporate limits, write RURAL and OR give margine town)  OR give margine town)	CITY (If outside corporate limits, write RURAL and ROWN RISING Sun Rural	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Undon Hospital	STREET (If rural, give locat	ion)
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month	
(Type or Print)  Annie  Morello  SEX Female  White  (Specifymarried)  (Specifymarried)	Ewing DEATH Jan  8. DATE OF BIRTH 9. AGE last birthday II  Aug. 18. 1874 76 yrs.	under I year   If under 24 hrs onths   Days   Hours   Min.
done dight most of works (1988 and of work Industry Wn Home	11. BIRTHPLACE (State or foreign country)  ecil Co. Md.	12. CITIZEN OF WHAT COUNTRY S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John H. Kirkwood  15. Was Decrased Ever IN U.S. Armed Forces?   16. Social Security No. (Yes, not of unknown) (If yes, give war or dates of	Flizabeth McNamee 17. INFORMANT AND ADDRESS George Ewing Rising St	un.Md.
70 service) 18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	legia Left side	INTERVAL BETWEEN ONSET AND DEATE
giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No d
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COU	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   Not Work   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-1 alive on 2-2-4, 1951, and that death occurred at SIGNATURE:  (Degree or title)	ADDRESS  ADD	DATE SIGNED
REG. Jun 27 FR Frague	J. Earl Jysin, Re	sing sun mo

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



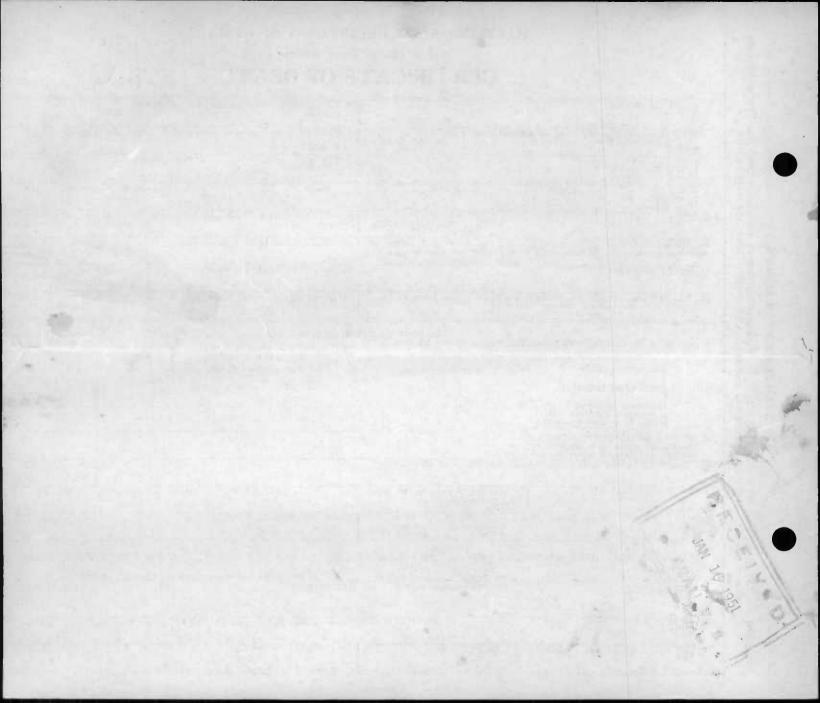
2411 N. Charles Street, Baltimore

-		9	13	1
1	9	Ü	6.	0

# CERTIFICATE OF DEATH

Reg. Dist. No.....

COUNTY OLL MARYLAND	STATE COUNTY	eel		
CITY (If outside porporate disting write RURAL and I LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)		
OR give nearest town TOWN has been considered.	TOWN Calrert			
HOSPITAL OR INSTITUTION OR STREET ADDRESS UMM HOSPITAL	STREET (If rural, give location)  ADDRESS  STREET  ADDRESS  JULY  ADDRESS	P. D.		
3. NAME OF (First) (Middle) DECEASED (Type or Print) EUGENIA H	(Last) 4. DATE (Month) OF DEATH	(Day) (Year) 14 1957		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months.			
10a. USUAL OCCUPATION (Give kind of work done during proposed working life, even if refired)  Industry Office and Designation of Business on the control of	11. BISTHPLACE (State or foreign country) 12	COUNTRY?		
13. FATHER'S NAME Harke	14. MOTHER'S MAIDEN NAME Promp	son.		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) service)	17. INFORMANT AND ADDRESS COVER	e.		
18. MEDICAL CE  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN		
	1 + 1 n+ 1	ONSET AND DEATH		
Immediate cause (a) Successful	lated Pt Ingrewellone Paralytic ileus	ca		
Antecedent cause(s)	Danset. il			
/22 a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	awyne reus	, =0 =0 =0 =000000000000000000000000000		
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.		ed the district a way by weap was a watch pagagaga		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		
1-10-51 Pelleuse of Her	ma	Yes No Tr		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?			
OF INJURY m. While at Not While m. Work At work				
22. I hereby certify that I attended the deceased from -10, 195/, to -14, 195/, that I last saw the deceased				
alive on Adulti, 1957, and that death occurred at SIGNATURE (Degree or title)	ADDRESS	ated above. DATE SIGNED		
Valerodson Inno	(Rearing Such Mid	1-1437		
23. BURIAL, CREMATION DATE REMOVAL (Specify) 1/8/5/ Friends Burials		y) (State)		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR 222	ADDRESS		
Jan 15 Hi Juager	William Q. Johnston and	em gre		
	2-11-11-11-11-11-11-11-11-11-11-11-11-11	1000 19		



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2411 N. Charles Street, Baltimore

#### CERTIFICATE OF DEATH

Reg. Dist. No. 96

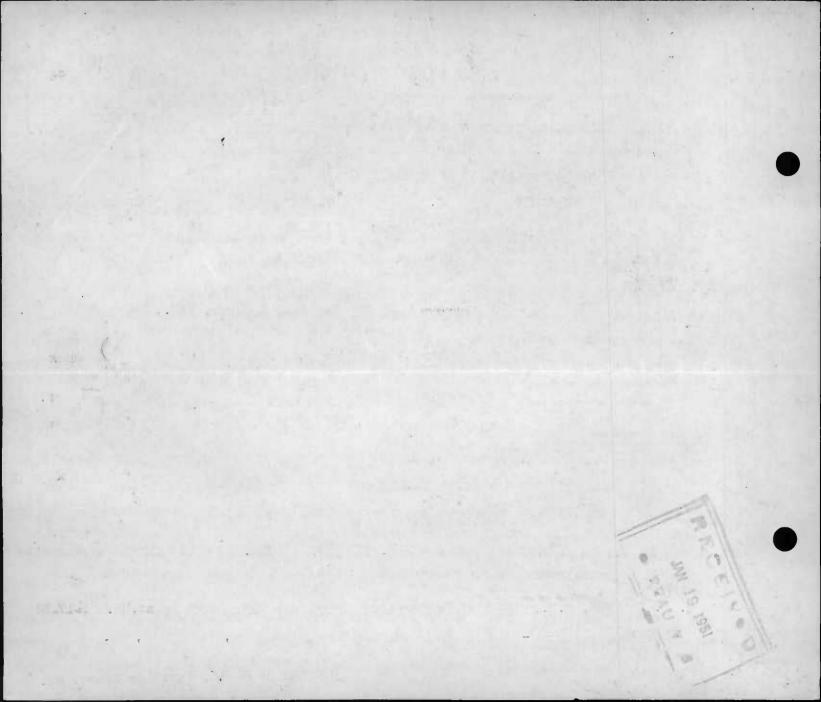
PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY VIRGINIA CECIL MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and OR give nearest town)
TOWN (in this place)
5 days CLIFTON TOWN Perry Point HOSPITAL OR STREET (If rural, give location) ADDRESS INSTITUTION OR None STREET ADDRESS Veterans Administration Hospital 4. DATE (First) (Middle) (Last) (Month) (Dav) (Year) DECEASED HELFERT 16 1951 BERNARD N. DEATH January (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. | Months. | Days | Hours | Min. 6. COLOR OR RACE 5. SEX 11\_8\_95 55 White Male 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OF 12. CITIZEN OF WHAT INDUSTRY COUNTRY? done during most of working life, even if retired) USA Unknown Virginia
14. MOTHER'S MAIDEN NAME Unknown 13. FATHER'S NAME Unknown Unknown 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If year, give war or dates of Hospital Records, VAH., Perry Point, Md. service) Unknown 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Unknown Coronary sclerosis, severe Immediate cause Antecedent cause(s) Myocardial infarction Approx. 4 yr 940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last Arteriosclerosis, generalized, severe Unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes X No 🗆 21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) (Specify) OF INJURY HOMICIDE TIME (Month) HOW DID INJURY OCCUR? INJURY OCCURRED (Day) (Year) (Hour) While at Not While Work INJURY At work | 22. I hereby certify that Vattended the deceased from Jan. 11, 19.51, to Jan. 16, 19.51, that where the restriction THE CONTRACT OF THE PARTY OF TH SIGNATURE ADDRESS (Degree or title) DATE SIGNED Chief, Professional Services, VAH, Perry Point, Md.
| NAME OF CEMETERY OF CREMATORY | LOCATION (City, town, or county) M.D. 23. BURIAL, CREMATION DATE REMOVAL (Specify) 1\_18\_51 Arlington National Cemetery, Fort Myer, Va ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR REG. Havre de Grace. Md.

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, WITH UNFADING INK. Supply every item of information important. Physicians: please write the causes of death clearly an

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Havre de Grace, Md.

### MARYLAND STATE DEPARTMENT OF HEALTH PRO-

# CERTIFICATE OF DEATH

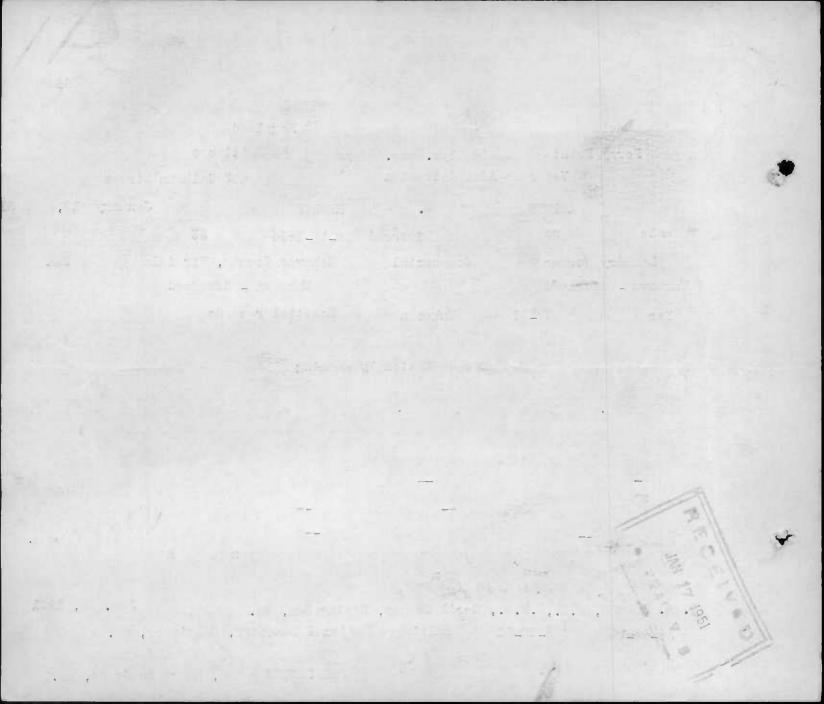
,		FOR MEDICAL	EXAMINERS	Reg. Dist. 1	96
1. PLACE OF DEATH			2. USUAL RESIDENCE (	HOME) OF DECEASED.	
COUNTY			STATE	COUNT	ГY
CITY (If outside co	orporate limits, write RUR.	MARYLAND AL and   LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURAL and a	rive nonrest town)
OR give nearest TOWN Perr	town)	(In this place)	II (1K	timore	ive nearest town)
HOSPITAL OR	y Point	lyr.6mos.16d	STREET	(If rural, give location)	
INSTITUTION OR		Administration	ADDRESS		
STREET ADDRES	36			03 Calhoun Stree	
DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	ARTHUR	W.	RESERVE TO A STATE OF THE STATE	DEATH Janua:	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH	9. AGE last birthday   If under Month	er 1 year   If under 24 h
male	Negro	WIDOWED, DIVORCED, (Specify) Divorced	4_12_1894	56 yrs. 1	
done during most of w	ATION (Give kind of work	10h. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHA
Laundr	orking life, even if retired)  y Worker	Commercial		ty, Virginia	COUNTRY
13. FATHER'S NAM			14. MOTHER'S MAIDEN		
Unknown -	deceased			deceased	
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES	?   16. SOCIAL SECURITY NO.	17. INFORMANT	•	
Yes	(If yes, give war or dates (service)	Unknown	Hospital rec	or ds	
1/ // giving rise to	f cause(s) conditions, if any, the above cause inderlying cause last	Strangulation by	hanging		
	ting to the death hut not se or condition causing deat	h			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No 1
21. EXTERNAL CAU PRIMARY & OR CO CAUSE OF DEATH	NTRIBUTING   OF	CE (Home, farm, factory, street, office hidg., etc.)	(CITY OR	TOWN) (COUNT	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OF	CCUR?	
obtained by said	d Autopsy, Inspection o causes , accident	tins described above, held an Ar Inquiry, find that said dece , suicide x homicide , suicide to pegree or title.	used died on the day stat	ed above, and death in my	y opinion resulted  DATE SIGNED
R. C. DODSO	N. M.D. D.M.E.	. Cecil County, R	ising Sun. Md.		. 10, 1951
23. BURIAL, CREMA	ATION DATE THERE			LOCATION (City, town, or cou	
REMOVAL (Speci	1_10_5			y, Baltimore, Md.	
DATE REC'D BY I	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	OR F	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

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VS. A15A



The correct age

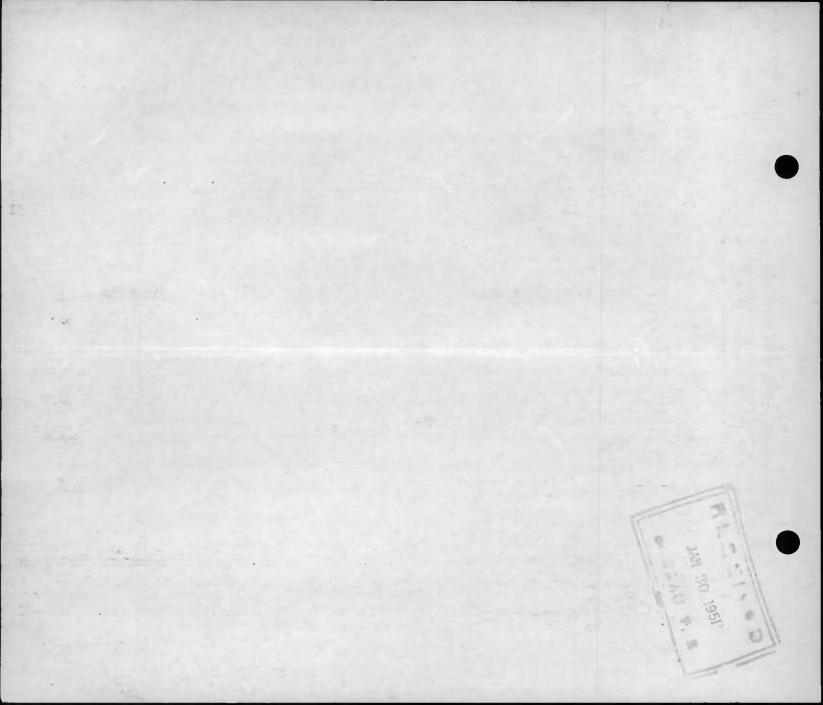
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

, Dist. No. 96

1. PLACE OF DEATH.		2. USUAL RESIDENCE (	HOME) OF DECEASED.	
COUNTY Cecil MARYLAND		STATE District of Columbia COUNTY		
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY		CITY (If outside corporate limits, write RURAL and give nearest town)		
TOWN Perry Point, (in this place)		TOWN Was	nington	
HOSPITAL OR		STREET	(If rural, give location)	
INSTITUTION OR STREET ADDRESS Veterans Admi	nistration Hospit	al Address 6600	'H"., N.E.,	V
3. NAME OF (First) DECEASED	(Middle)	(Last)	1 4. DATE (Month)	(Day) (Year)
(Type or Print) LAWRENCE	(NMI)	HICKS	OF DEATH January	23 19 51
5. SEX   6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday   If under	1 year   If under 24 hrs.
Male   Negro	(Specify) Divorced	March 8,1887	yra.	Days Hours Min.
done during most of working life even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of		CITIZEN OF WHAT
done during most of working life, evon if retired)	INDUSTRY Unknown	Maryland		COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
William Hicks - dece	ased	Nettie Beck	with - deceased	
15. WAS DECRASED EVER IN U.S. ARMED FORCES' (Yes, no. or unknown)   (If yes, give war or dates or	16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(Yes, no, or unknown) (If yes, give war or dates of yes, give yes, g			s, VAH., Perry Poin	nt, Md.
	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
	Unemin unemie ne	icanina		0 1
Immediate cause (a)	Uremia, uremic po	rsoning	***************************************	2 weeks
59/X Antecedent cause(s) Diseases or conditions, if any, (b) Pneumonia, bronchial, bilateral				
Diseases or conditions, if any, (b)	al, bilateral	***************************************	4 days	
10 7 giving rise to the above cause stating the underlying cause last				
(c)	Nephrosis, bilater	al severe		2 weeks
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				
related to the disease or condition causing death 19a. DATE OF OPERATION   19b. MAJOR F	INDINGS OF OPERATION			A DO A TYPE OF ORDER
1_18_51 Same a			20. AUTOPSY?	
	E (Home, farm, factory, street,	(CITY OR 7	OWN) (COUNTY)	Yes No
SUICIDE OF INJU	office bldg., etc.)	(CIII OK	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
VA				
22. I hereby certify that attended the deceased from Jan 5, 1951, to Jan 23, 19.51 , that it deseased from Jan 5				
attended to the state of the st				
SIGNATURED (Degree or title) ADDRESS DATE SIGNED				
Chief, Professional Services, VAH., Perry Point, Md. 1-26-51				
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county) (State)				
	95/ Arlington Na			irginia.
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24 TUNERAL DIRECTO	R	ADDRESS
REG. Jan 26/95/ Seene	E. Dang hesty	Усегон	Mark ( Von	
	1	PENNINGTON &	ON, Havre De Gra	ce, Md.

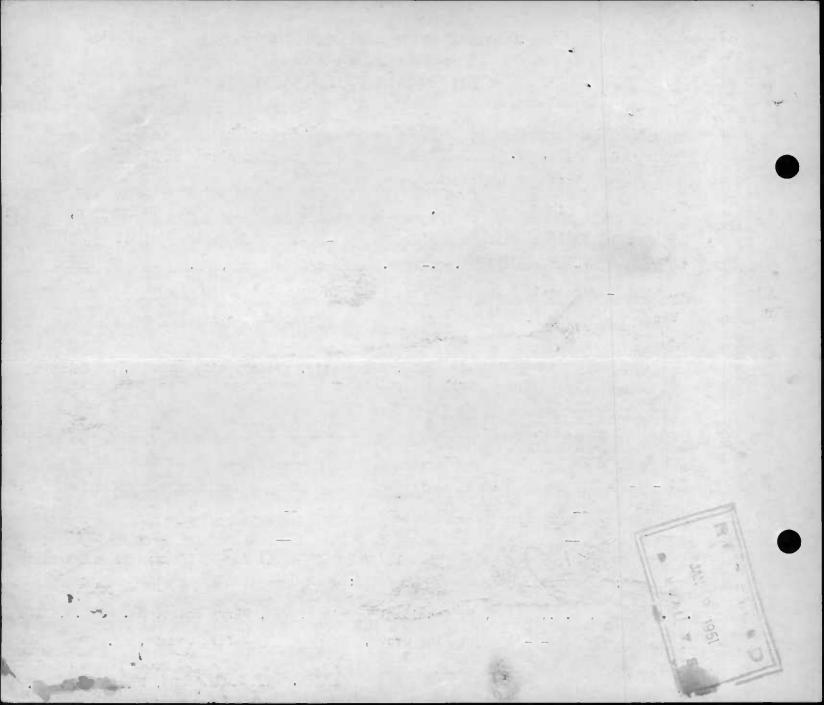


2411 N. Charles Street, Baltimore

		CERTIFICAT	E OF DEAT	H Reg. Dist. No	96
/					
I. PLACE OF DEAT COUNTY			2. USUAL RESIDENCE (F STATE Pennsylva	IOME) OF DECEASED.	V
Ued		MARYLAND	Pennsylva	nia	
CITY (If outside of	corporate limits, write RU	RAL and LENGTH OF STAY	CITY (If outside corpore	te limite, write RURAL and give	re nearest town)
TOWN Per	ry Point, Md.	(in this place)	TOWN Red	Lion	
HOSPITAL OR	D		STREET	(If rural, give location)	1
INSTITUTION O STREET ADDRE	ss Veterans	Administration	ADDRESS		
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	SIMON	Le	HOLMES	OF _	-
5. SEX	6. COLOR OR RACE		8. DATE OF BIRTH	0 4001-411-411-117	A STATE OF THE PARTY OF THE PAR
male	white	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Speelfy) DIVORCED	1-30-1887	Months	Days Hours Min.
	ATION (Give kind of wor	k 10b. Kind of Business on	11. BIRTHPLACE (State o	90 /1-1	CITIZEN OF WHAT
done during most of	working life, even if retired	n Prov. GrGovt.			Comprey?
13. FATHER'S NAM	reman- Aberdee	m rrov. Gr.~Govt.	McCall's Ferr		USA
Unknown	- deceased	es?   16. Social Security No.	Unknown - dec		
(Yes. no or unknown)	VER IN U.S. ARMED FORCE (If yes, give war or date	of	17. INFORMANT AND		
Ies	service) WW	( OHKHOWH	Hospital Re	cords	
		18. MEDICAL CE	RTIFICATION		Tomas Da
I. DISEASES OR CO	ONDITIONS DIRECTLY	Y LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		Donalm Auman mak		adta sulmasm	77. lan
Immediat	e cause (a)	Brain tumor, met		Site duknown,	Unknown
137 X Antecede	nt cause(s)	probably pulmo:	nary		
Diseases or	conditions, if any, (b)	### ### ##############################		01m04090 010 07 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0	
giving rise t	4 giving rise to the above cause stating the underlying cause last				
7 stating the didditying cause lase					
II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not					
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPS			20. AUTOPSY?		
12-18-50 Same as above					
21. ACCIDENT		ACE (Home, farm, factory, street,	: (CITY OR T	OWN) (COUNTY)	Yes No (STATE)
SUICIDE	OF	office bidg., etc.)	(CITT OR I	OWN) (COUNTY)	(SIAIE)
HOMICIDE		JURY 1 INJURY OCCURRED	HOW DID INJURY OCC	NID9	
TIME (Month)	(Day) (Year) (Hour)	While at Not While	HOW DID INJURY OCC	JURI	
INJURY	m.	Work At work	tenant .		
22. I hereby certify that I attended the deceased from 12/7/, 1950, to 1/5/, 19.50, THE PURE NEW METERS					
22. I hereby certhy that I artended the deceased from Laf. I, 15.00., to L. I. M, 15.00.					
above. and that death occurred at 6:00. AMm., from the causes and on the date stated above.					
SICNATURA (Degree or title) ADDRESS DATE SIGNED					
E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. Jan.5, 1951					
E. P. BRAN	NON, M.D., Chi	ei, Proiescional S	RY OR CREMATORY   L	OCATION (City, town, or count	Jan.5, 1951
23. BURJAL, CREM REMOVAL (Spec	cify)				(State)
Removal	Les elles elles			York County, Pa.	1000000
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  24 FUNERAL DIRECTOR  ADDRESS					
Jan. 3, 1951 June & Monghark 1 le W. Jahleron,					
		200 Gu	LEE A. PATTER	SON & SON, PERRY	
		2 2 7/6 /2	v. Earl B. Be	up book Red	Llow Pa

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



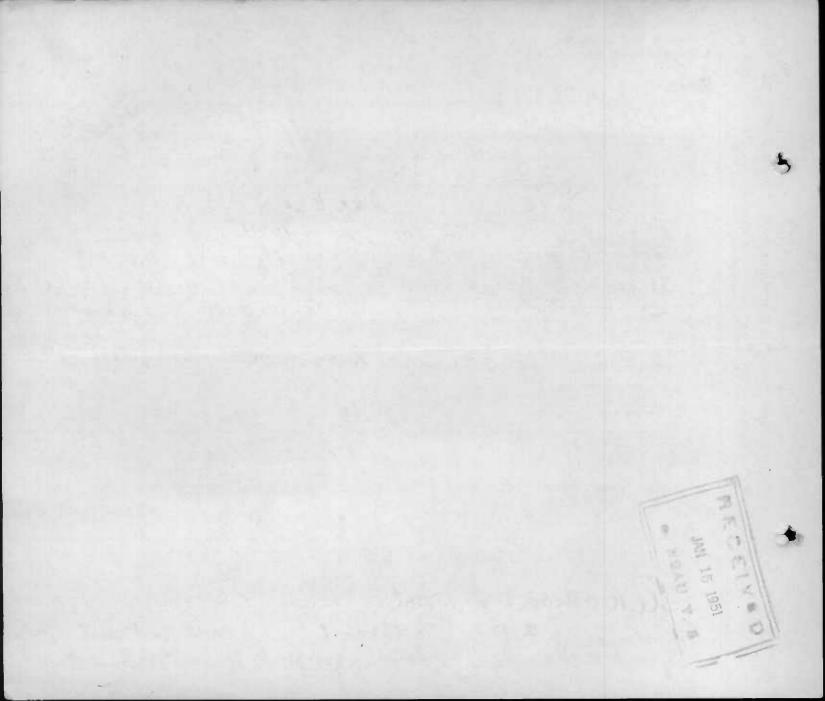
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FADING I	sespecially important. Physicians: please write the causes of death clearly and legibly.
ITH UN	ourtant. I
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PLAI	espe

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Evidence for change MARYLAND STATE DEPARTMENT OF HEALTH 6403 of age shown on: CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE MARYLAND CITY (If outside corporate limits, write BURAL and | LENGTH OF STAY CITY (If outside corporate limits, water RURAL and give nearest town) OR give nearest town TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (First) (Middie) (Month) (Day) (Year) DECEASED 105/ (Type or Print) DEATH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE last birtbday | If under 1 year | If under 24 hrs. Daya | Hours | Min. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY COUNTRY? IS. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH ute Corona Immediate cause Antecedent cause(s) Diseases or conditions, If any, (b). glving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditiona contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT No 🗆 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING CAUSE OF DEATH. office bldg., etc.) INJURY HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY at work 22. I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection X Inquiry A thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . (Degree or title) SIGNATURE 23. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify)



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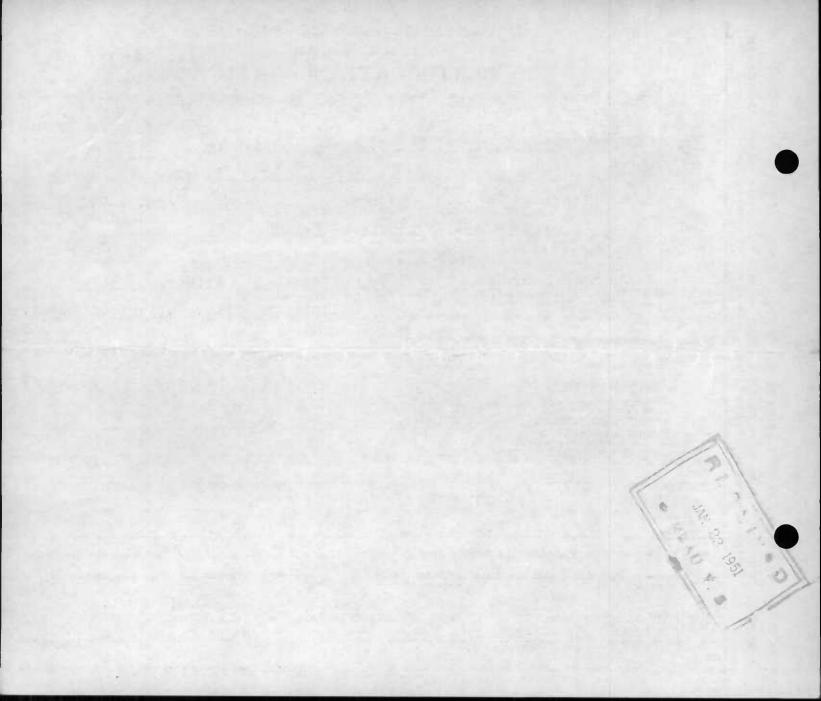
# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

()4()4 Reg. Dist. No. 96

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Cecil MARYLAND	STATE COUNTY COUNTY			
OR give nearest Port Deposit Rural (in this place) TOWN PORT OF TOWN	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore			
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)			
STREET ADDRESS	1634 Wilmer Court			
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)			
(Type or Print) Albert Jone	DEATHJAN. 19.1951 19			
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.			
Wale   Colored   (Specify)Married	16-17-1983   67 yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY  10b. KIND OF BUSINESS OR INDUSTRY  10c. USUAL OCCUPATION (Give kind of work done during most of work)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY?  USA			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
George W. Jones	Elizabeth Wilmer			
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS			
(Yes, no ocunknown) (If year, give war or dates of service)	Elizabeth Smith, Port Deposit, Md.			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a) Immediate cause				
331× Antecedent cause(s)	right sade -			
Diseases or conditions, if any, (b)				
giving rise to the above cause stating the underlying cause last	Selevoiro 8418			
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
	Yes No X			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?			
INJURY m.   Work   At work				
22. I hereby certify that I attended the deceased from 2001, 1951, to 2019, 1951, that I last saw the deceased				
alive on				
N.1.18mson, 111.	N. 100 Wylour. 1KR. 128/51			
REMOVALIST 1-22-1951 Cokesbur				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS			
Jan 22 1931 Inene 2 dougherly	and the state of t			
	O - TYTTY VILLE INIII.			



2411 N. Charles Street, Baitimore

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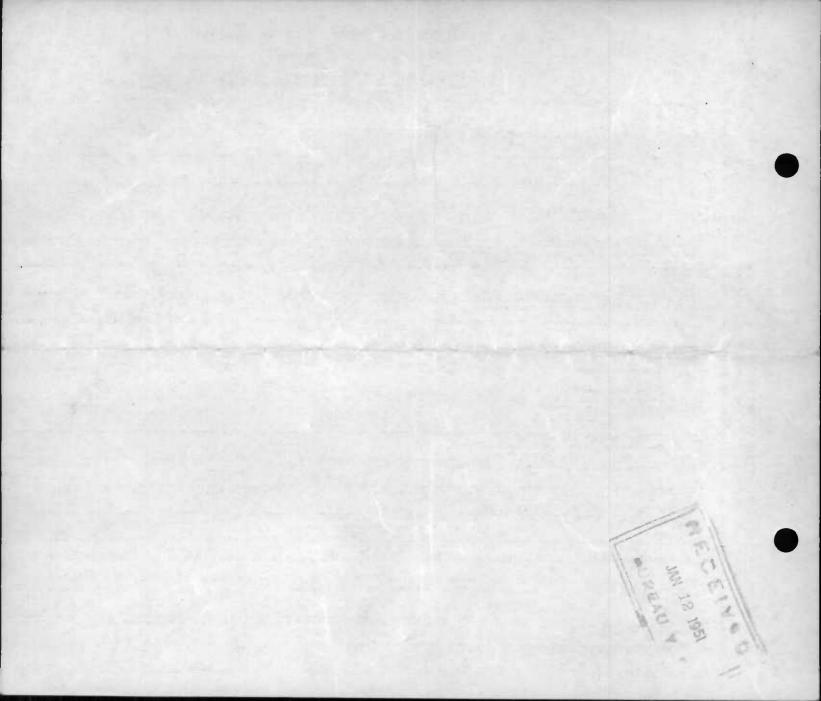
# CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY CEELL MARYLAND	STATE Marriand COUNTY
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	
OR givo nearest town) TOWN (in this place)	TOWN North East Rural
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS // nien Hospital	ADDRESS
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) 3:2 more	Jones DEATH 1 6 1951
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last birthday   If under 1 year   If under 24 hrs.
Maje White Windwer, Divorced, (Specify) Midawa	11-27-1875 75 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired)   LADUSTRY FARM OWNER	Manyland Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William rones	Margaret Bennett
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS
service)	Mrs Walter Treston Horth East Med
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONERT AND DEATH
	1. 11. 14
Immediate cause (a) Oventr Co	anolus pelulus I chen
420,   Antecedent cause(s)	1.1 7 1 1 1 1
Diseases or conditions, if any. (b)	ist + maist
9 of o giving rise to the above cause stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
22. I hereby certify that I attended the deceased from 756.3.	2., 1957, to and, 195%, that I last saw the deceased
alive on thus 19.5, and that death occurred at	ADDRESS Tom the causes and on the date stated above.  ADDRESS DATE SIGNED
SIGNATURE (Degree or title)	<i>C</i> , , , , , , , , , , , , , , , , , , ,
Jan / Townwald m)	6exton 1/9/5-1
BURIAL OREMATION DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State)
150716 1-10-3 4 DIO	n Center ELKTON RURKL Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Jan 9 Il Trager	Joseph K. Frank horth Cay high
	100104

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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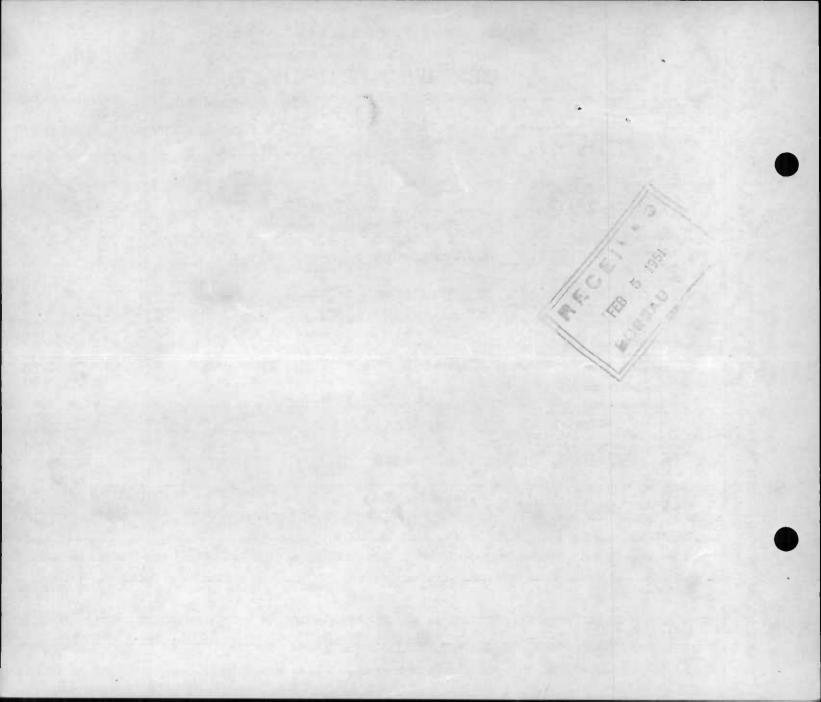


## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY	state State County Maryland Cecil
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	Maryland Cecil
OR give nearest town) TOWN  OR give nearest town) TOWN  (in this place) 35 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS	Address Aikin Ave.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) Velva May	Krauss DEATH Jan. 30, 1951 19
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last birthday   Il under 1 year   Il under 24 hrs.
Female White WIDOWED DIVORCED (Specify) Married	May 20, 1906 44 yrs. Months. Days Hours Min.
done during most of core life, even if retired)  MOON REPORT  10b. KIND OF BUSINESS OR  JUNUSTRY  GOO WATER  OF A COPPER	II. BIRTHPLACE (State or foreign country)  Pennsylvania  12. CITIZEN OF WHAT
13. FATHER'S NAME	V = -
Robert S. Stine	14. MOTHER'S MAIDEN NAME Bessie Brannan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Vos no os unknown) I (II vost give war or dates of	
No service) 217-14-9960	Sherman S. Krauss, Perryville, Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  Antecedent cause(s)	rorrhage Paralysia.  Right Side - Wife Mars
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	4000
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	nsion - Typs-
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.)  IIOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not White INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Manaba	, and a decounted
alive on 19, 1951, and that death occurred at (Degree or title)	ADDRESS DATE SIGNED
G. Algerron M.D	Fort DEkosit Tred 2/1/51
23. BURIAL CREMATION DATE NAME OF CEMETER REMOVAL (SPEILS) 2-2-1951 West Nott:	(Diate)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	
Fil. 2.1951 Frene & Loughant	24. PUNERAL DIRECTOR, ADDRESS
The state of the s	Perryville, Md.
	000319

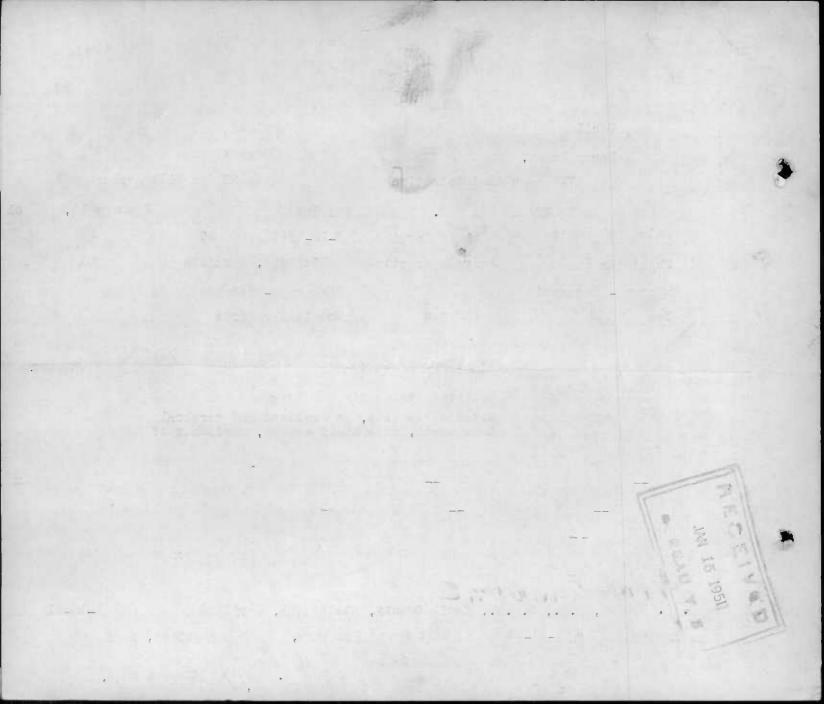


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## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	. / 1
Cecil MARYLAND	Maryland	Wash ·
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
CITY (If outside corporate ilmits, write RURAL and OR give nearest town)  TOWN  Perry Point.  LENGTH OF STAY (in this place)	TOWN Hagerstown	
HOSPITAL OR	STREET (If rural, give location)	,
INSTITUTION OR STREET ADDRESS Veterans Administration	ADDRESS 1138 Oak Hill Avenu	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
DECEASED	OF .	
(Type or Print)  HENRY  6. COLOR OR RACE   7. SINGLE, MARRIED.	RITZER   DEATH JANUE I	
5. SEX  male  6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) Married	Months i	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or	8_15_1893 57 ym.   11. BIRTHPLACE (State or foreign country)   12	Communication Water
		COUNTRY?
Physician   Private practice	Richmond, Virginia	JSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Unknown - deceased	Unknown - deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no or unknown) (If yes, give war or dates of Unknown service)	Hospital records	
18. MEDICAL CE		1
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Company confined	AM	Unknown
Immediate cause (a) Coronary occlusi	<b>011</b>	VALUE III VIII
Antecedent cause(s)		
Diseases or conditions, If any, (b) COTORATY SCLOTOS	is	
940 giving rise to the above cause stating the underlying cause last Artoriosclerosis		
	generalized and cerebral	
II. OTHER SIGNIFICANT CONDITIONS Hemiplegia, moder	ately severe, residuals of	1
Conditions contributing to the death but not		
related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION		20. AUTUPSIT
		Yes No X
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY OR CONTRIBUTING OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
CAUSE OF DEATH INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY — m, While at Not while work at work		
INJUNI	1	
22. I certify that I took charge of the remains described above, held an A	Autopsy . Inspection , Inquiry thereon and	from the enidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	ased died on the day stated above, and death in my	TOTAL CALCULATION
		opinion resulted
from: natural causes . accident . suicide . homicide .	undetermined .	opinion resulted
from: natural causes , accident , suicide , homicide ,	undetermined	opinion resulted  DATE SIGNED
from: natural causes , accident , suicide , homicide , sip: ATTER veller WW Du Legree or title)	undetermined □. ADDRESS	DATE SIGNED
from: natural causes , accident , suicide , homicide , sip: ATTER veller WW Du Legree or title)	undetermined □. ADDRESS	DATE SIGNED
Re C. DODSON, M.D. D.M.E. Cecil County, BURIAL CREMATION DATE THEREOF NAME OF CEMETE	undetermined ADDRESS  Rising Sun, Maryland RY OR CREMATORY   LOCATION (City, town, or count	DATE SIGNED
R. C. DODSON, M.D. D.M.E. Cecil County  BIONATION  R. C. DODSON, M.D. D.M.E. Cecil County  BURIAL, CREMATION DATE THEREOF  REMOVAL (Specify)  Removal (Specify)  Removal (Specify)  Removal (Specify)  Removal (Specify)  Rest Haven (Specify)	Rising Sun, Maryland RY OR CREMATORY   LOCATION (City, town, or count Cemetery   Hagerstown Maryl	DATE SIGNED  L=10_51 y) (State)
Trom: natural causes accident suicide homicide , homicide , suicide , homicide , homici	undetermined ADDRESS  Rising Sun, Maryland RY OR CREMATORY   LOCATION (City, town, or count	DATE SIGNED  L=10.51  y) (State)
Removal (Specify)  Date Rec'd by Local Registrar's signature  Accident Suicide , homicide , suicide , homicide , suicide , homicide , suicide , homicide , homicide , suicide , homicide , homicide , homicide , homicide , suicide , homicide , h	nndetermined ADDRESS  Rising Sun Maryland RY OR CREMATORY   LOCATION (City, town, or councemetery. Hagerstown, Mary) 124. FUNERAL DIRECTOR	DATE SIGNED  L=10_51 y) (State)
R. C. DODSON, M.D. D.M.E. Cecil County,  REMOVAL (Specify)  DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	Rising Sun. Maryland RY OR CREMATORY   LOCATION (City, town, or count Cemetery.   Hagerstown, Mary 124. FUNERAL DIRECTOR	DATE SIGNED  L=10_51 y) (State)
Trom: natural causes accident suicide homicide , suicide homicide	nndetermined ADDRESS  Rising Sun Maryland RY OR CREMATORY   LOCATION (City, town, or councemetery. Hagerstown, Mary) 124. FUNERAL DIRECTOR	DATE SIGNED  L=10_51 y) (State)



## CERTIFICATE OF DEATH

Harford

12. CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

(STATE)

DATE SIGNED

ADDRESS

Yes |

No P

COUNTRYS . A.

Unk.

(Year)

1951

(Day)

Reg. Dist. No.

information carefully. of ly every item of the causes of d Supply write UNFADING INK. t. Physicians: please PLAINLY, WITH is especially importan

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The

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY Cecil Maryland MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) (in this place) Perry Point Havre de Grace TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR Veterans Administration Hospital ADDRESS 102 Seneca Avenue 3. NAME OF (Middle) (Last) (First) 4. DATE (Month) DECEASED HOWARD LEISHMAN SR. DEATH January 5, A. (Type or Print) 6. COLOR OR RACE 7. SINGLE, MARRIED, 9. AGE last birthday | If under I year | If under 24 hrs. 8. DATE OF BIRTH WIDOWED DIVORGED, (Specify Married Months | Days | Hours | Min. 10-4-95 Male White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) INDUSTRY New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Leishman Mary Butler (Deceased) Deceased) 17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give war, or dates of 138-10-1962 Hospital Records, VAH, Perry Point, Md. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Carcinoma of the lung Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b) ... giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a, DATE OF OPERATION | 19b, MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Work Not While INJURY At work | 22. I hereby certify that Kattended the deceased from 12-27, 19 50, to 1-5- , 19 51, that John War Who deceased after a stated above. SIGNATURE. (Degree or title) Professional Services, VAH, Perry Point, Md. Jan. 5, 1951
REOF NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) 23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) Angel Hill Cemetery Havre De Grace, Maryland DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 PUNERAL DIRECTOR

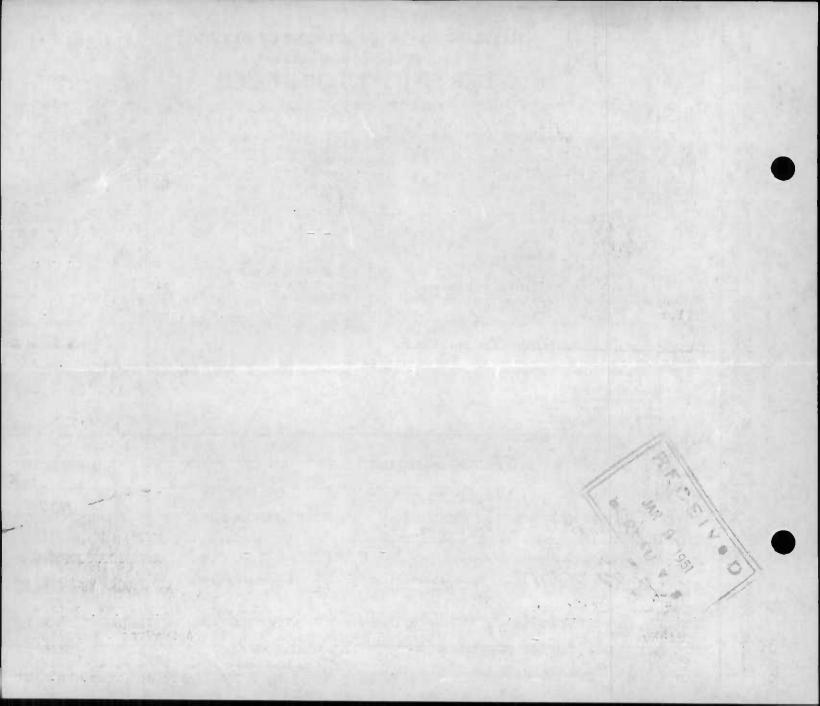
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## CERTIFICATE OF DEATH

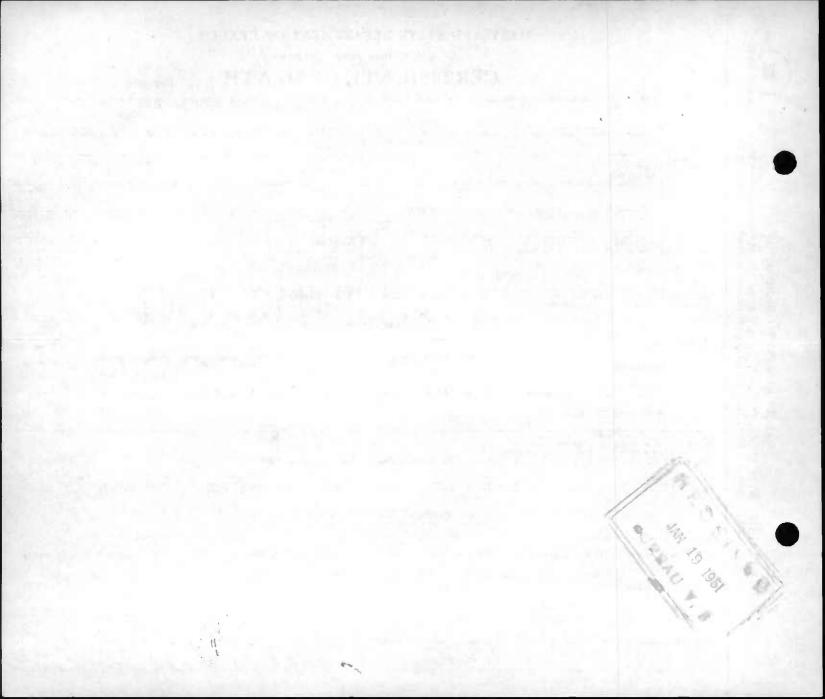
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

CERTIFICAT	E OF DEAT	H Reg. I	Dist. No. 94
1. PLACE OF DEATH- COUNTY  CITY (If outside corporate limits, write RURAL and OR give nearest town)  HOSPITAL OR INSTITUTION OR STREET ADDRESS  MARYLAND  LENGTH OF STAY (in this place)  BOYRS	2. USUAL RESIDENCE (ESTATE MALE CITY (II outside corpora OR TOWN E L STREET ADDRESS		and give nearest town)
3. NAME OF DECEASED (First) (Middle) DECEASED (Type or Print) ARGARITA  5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED, DIVORCE	(Last)   EW   S   8. DATE OF BIRTH   1 - 8 - 1873   11. BIRTHPLACE (State of L K 7 0 N N N N N N N N N N N N N N N N N N	7 8 yrs. r foreigo country)	It uoder 1 year If under 24 hrs.  Mooths Days Hours Mio.  12. CITIZEN OF WHAT COUNTRY?
11. OTHER SIGNIFICANT CONDITIONS			INTERVAL BETWEEN ONSET AND DEATH 48 HOURS 5 years
Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION    21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street, OF office bldg., etc.)   INJURY	(CITY OR T	COWN) (CO	20. AUTOPSY? Yes No DOUNTY) (STATE)
TIME (Mooth) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While INJURY   Mork   At work    22. I hereby certify that I attended the deceased from	North East,	causes and on the	date stated above.  DATE SIGNED  / 7 Vaa 51
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.   7-5-1	FUNERAL DIRECTO	mouth C	Dack Mad



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2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

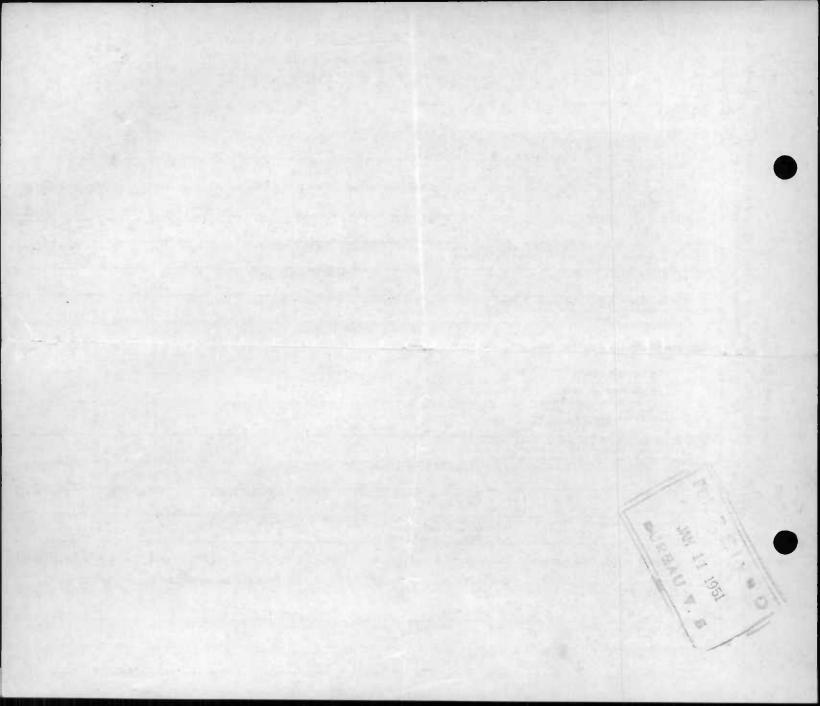
eg. Dist. No. 9

	CD,(IIIICIII	B OI BERTIN	Reg. Dist. No
1. PLACE OF DEATH-COUNTY	MARYLAND	2. USUAL RESIDENCE (HOME) O STATE Marylan	COUNTY Cecil
CITY (If outside corporate limits, write RUOR givo nearest town)	EAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, OR TOWN Rusing	write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET (II	rural, give location)
3. NAME OF DECEASED (First) (First) (Type or Print)	(Middle)	(Last) 4. DA7 OF DEA	TH fan. 9, 1951
Male Genite	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Leb. 17, 1886 6	A yrs.   If under 1 year   If under 24 hrs   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of wor done doring most of working life, even if retired	k 10h. KIND OF BUSINESS OF	BIRTHPIACE (State of foreign c	Country) 12. CITIZEN OF WHAT COUNTRY?
Exther's NAME Inell		14. MOTHER'S MAIDEN NAME	rmall
15. WAS DECEASED EVER IN 15. ARMED FORC (Yes, no, or unknown) (If yes, rive are, or date service)	16. Social Security No. 204-07-536	17. INFORMANT AND ADDRES	
I. DISEASES OR CONDITIONS DIRECTL	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
		Remia	2106
33/ Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Generalized (	Aterios cleron	
(c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de	eath.	, millione of	
19a. DATE OF OPERATION 19b. MAJOR			20. AUTOPSY?
SUICIDE	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended t		110	S.I., that I last saw the deceased
alive on 19.51, s	and that death occurred at	ADDRESS	and on the date stated above.  DATE SIGNED
Malcoly Klidle 23. BURIAL, CREMATION LATE THER	EOF NAME OF CEMETE	RY OR CREMATORY   LOCATION	N (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR	13, 1951 Conon	/1.         -	in Co, Mrd,
1000 10 -1959 Lmm	Munigton	HO Bailer	Darling low Mrs

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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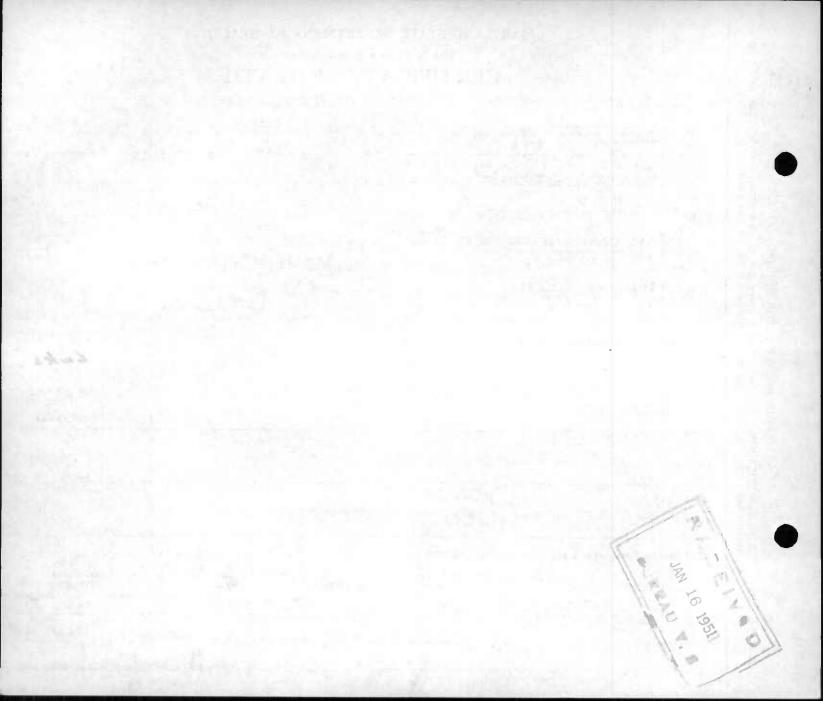


## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	_
COUNTY	STATE Mary land COUNTY	Cecil
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
OR give nearest town) (in this place)	OR	
HOSPITAL OR	TOWN VORTA L2.T	
INSTITUTION OR STREET ADDRESS Min Joseph Central	ADDRESS (Hillar give location)	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print)	inch DEATH Jan.	11 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWCED, OIVORCED, (Specify)	9. AGE last birthday If under Months yrs.	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	North East, Maryland	COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Phillip	Mary Demond	
15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT	
aervice)	Lya	45
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Uremia		6uks
260x	, , ,	
Antecedent cause(s) Diseases or conditions, if any, (b) Arteriosclerotic	rdiovascular Renal Disease	5 years
giving rise to the above cause		
stating the underlying cause last  (a) Diebetes Me	11: tue	10 x 2001
(6)	//// 23	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a, DATE OF OPERATION   19b, MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
TABLE DATE OF OTENHALION		
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	(STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  NJURY	(CITT ON TOWN) (COUNTY)	(SIAIE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
	-	
22. I hereby certify that I attended the deceased from.	, 19.44, to	aw the deceased
alive on, 19.5/_, and that death occurred at	ADDRESS, from the causes and on the date sta	ted above.
biditat one		DATE SIGNED
23. RURIAL CREMATION   DATE THEREOF   NAME OF CEMETE	North East Md	13 164 51
REMOVAL (Specify) 1-14-51 method	list north Esch	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan O Il Tragu	Lough I deart horitics	of mak
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## MARYLAND STATE DEPARTMENT OF HEALTH

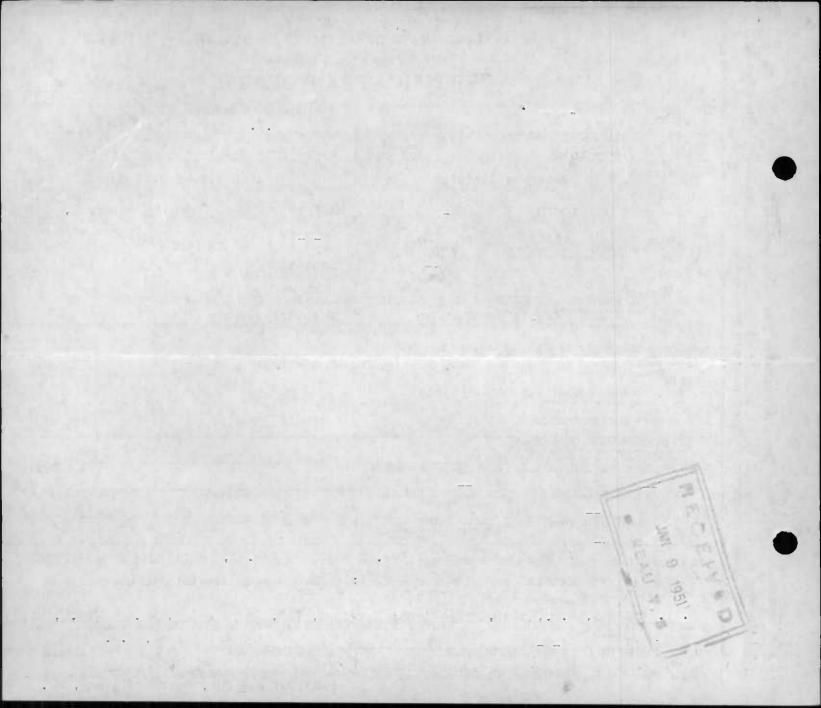
2411 N. Charles Street, Baltimore

## CEDTIFICATE OF DEATH

CERTIFICA	IE OF DEATH Reg. Dist. No.	96
1. PLACE OF DEATH- COUNTY	2. USIAL RESIDENCE (HOME) OF DECEASED	17
Cecil MARYLAND	D.C. COUNT	Y
OR give nearest town) TOWN  CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN  CITY (If outside corporate limits, write RURAL and OR STAY (in this place)  22 days	CITY (If outside corporate limits, write RURAL and give OR Washington	ve nearest town)
HOSPITAL OR	STREET (Il rural, give location)	
INSTITUTION OR STREET ADDRESS Veterans Administration	ADDRESS 4235 Silver Hill Road	d √
3. NAME OF (First) (Middle) DECEASED (Type or Print) LOUIS	(Last) 4. DATE (Month) OF DEATH Janua:	(Day) (Year) ry 5, 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Speelly) MARTI ed	8. DATE OF BIRTH 9. AGE tast birthday If under Marthn 8 thm	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Unknown	11. BIRTHPLACE (State or foreign country) 12.	CONTENT OF WHAT
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown	
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of Unknown service) WW-II	Hospital records	
18. MEDICAL CI	ERTIFICATION	1-1-1-1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Sarcoma, Reticulum	Cell Type, with generalized	2 Months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.  19a, DATE OF OPERATION   19b, MAJOR FINDINGS OF OPERATION		L co A VIII O DOITE
138. DATE OF OPERATION 136. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work At work	HOW DID INJURY OCCUR?	
E. P. BRANNON, M.D., Chief, Professional Ser	1:12 PM m., from the causes and on the date st ADDRESS rvices. VAH. Perry Point. Md.	ated above. DATE SIGNED Jan. 6. 1951
REMOVAL (Specify) 1_6_51 Unknown	ERY OR CREMATORY LOCATION (City, town, or count Washington, D.C.	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 611957 Sreme E Danghor	TONERAL DIRECTOR	ADDRESS
	PENNINGTON & CON, Havre de Gr	ace, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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The correct age

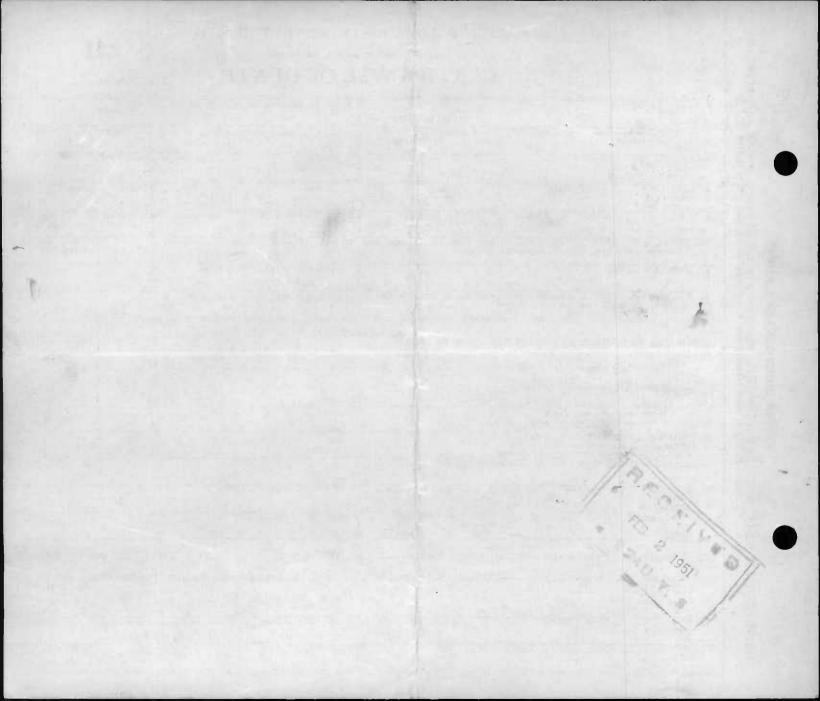
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(41.)

## CERTIFICATE OF DEATH

1. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME) OF DECEASED-	
COUNTY Cecil .	MARYLAND	Laryland	Gecil
CITY (If outside corporate limits, write RURA OR give nearest town) Elkton	AL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give OR Elkton	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 124 Milbu	rn St.	STREET (If rural, give location) ADDRESS 124 Milburn St.	
3. NAME OF DECEASED (First) (Type or Print)	(Middle) Stanley	(Last) 4. DATE (Month) OF Jan.	(Day) (Year) 30 151
5. SEX COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 110210	1 8. DATE OF BIRTH   9. AGE last birthday   1f under	l year   If under 24 hrs Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT
Roy Natthe	ws	Margaret Williams	
15. WAS DECRASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown)   (If year, give war or dates of service)	1 16. Social Security No.	Gry Matthew 124 Milby	rn St.
I. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CE	ERTIFICATION ELECTION	INTERVAL BETWEEN ONSET AND DEATH
57/, O Antecedent cause(s)	9. 5. 7	t t	5-1
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	A ap of an	W 5	0 44
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	ih.		
19a. DATE OF OPERATION   19b. MAJOR I			20. AUTOPSY?
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR!	
22. I hereby certify that I attended the	e deceased from	, 19, to, 19, that I last sa	aw the deceased
signature Signature	ad that death occurred at (Degree or title)	ADDRESS  Ellslen, Weel  1-	ated above. DATE SIGNED
23. BURIAL, CREMATION DATE REMOVAL (Specify)  2/1/51	Provident	Cemetry   Cocation (City, town, or count   Elkton, Marylan	
DATE REC'D BY LOCAL REGISTRAB'S	SIGNATURE	24. FUNERAL DIRECTOR 909 Por	ADDRESS clar St.
105060203401	1		



WRITE

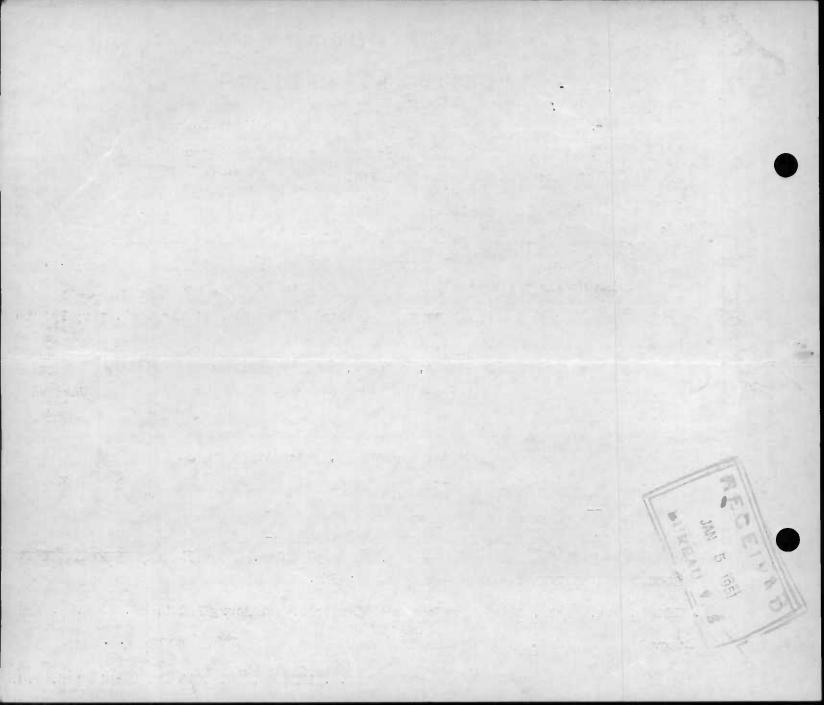
PLEASE

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Watshirt III

CERTIFICATE OF DEATH Reg. Dist. No. 96 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE Distrcit of Columbia Cecil MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town Perry Point (in this place) days Washington TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR Veterans Administration Hospital ADDRESS 4018 Ninth Street, N. E. 3. NAME OF (Middle) (First) (Last) 4. DATE (Month) (Day) (Year) DECEASED (Type or Print) FRANK LEO MC ALEER DEATH January 195] 7. SINGLE, MARRIED, WIDOWER ALWORSED, (Specify) 6. COLOR OR RACE 9. AGE last birthday | If under 1 year | If under 24 hrs. | Months | Days | Hours | Min. Male 8. DATE OF BIRTH White 4-17-87 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) Industry Government 12. CITIZEN OF WHAT done during most of working life, even If retired) COUNTRY? A. New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Mc Aleer (Deceased) Ellen Hearin (Deceased) 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, nover unknown) (If yes, give war or dates of Unknown Hospital Records, VA Hospital, Perry PointMd service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Carcinoma, primary, head of pancreas with biliary Immediate cause Antecedent cause(s) Unknown obstruction and liver damage Diseases or conditions, if any, giving rise to the above cause stating the underlying cause iast 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized 192. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes X No 🗆 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY TIME (Month) (Day) INJURY OCCURRED HOW DID INJURY OCCUR? (Year) (Hour) While at Not Whlio INJURY Work At work 22. I hereby certify that Kattended the deceased from Nov. 28, 19.50, to Jan. 1, 19.51, that Place saw the deceased SIGNATURE (Degree or title) DATE SIGNED Actg. Chief, Professional Services, VAH, Perry Point, Md. OPPLER, M.D. 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Unknown Washington, D.C. 1957 Jan. Removal DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REG. 2901 14th St.



## CERTIFICATE OF DEATH

Reg. Dist. No....

0415

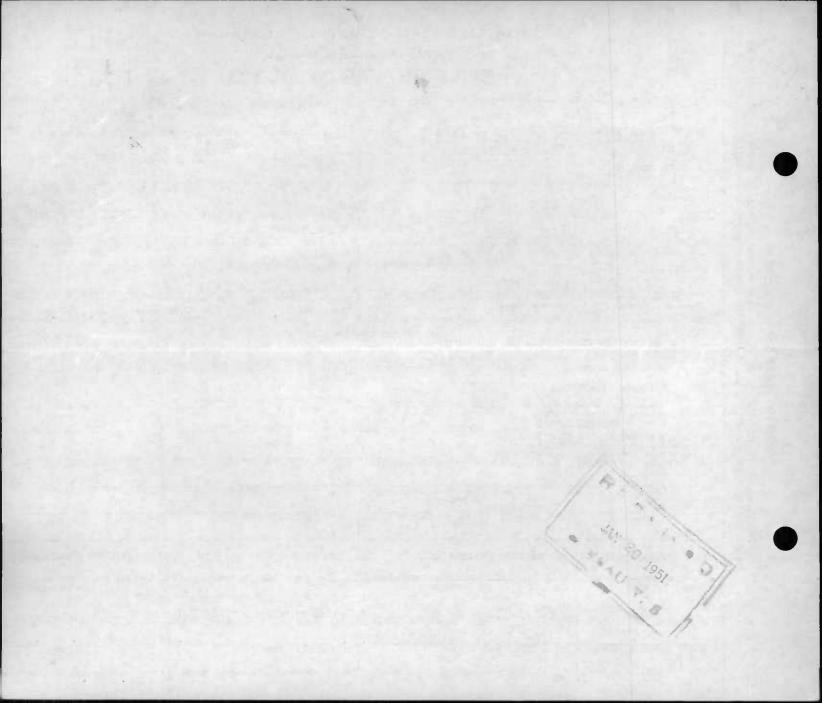
Md.

Perryville

				1106. 5	
1. PLACE OF DEAT	н. Cecil	MARYLAND	2. USUAL RESIDENCE STATE Maryland	(HOME) OF DECEASED.	рукту
CITY (If outside c OR give nearest TOWN	orporate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corpo	orate limits, write RURAL s	and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R		STREET ADDRESS	(If rural, give locati	ion)
3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) S. Mc C	(Last)	4. DATE (Month OF DEATH Jan	23,1951 19
5. SEX Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) VIOWEQ	8. DATE OF BIRTH 2-9-1879	71 yrs. 1	under 1 year II under 24 hrs. onths. Days Hours Min.
done during most of	ATION (Give kind of work corking life, even if retired)	10b. Kind of Business or Industry Laborer	Maryland		12. CITIZEN OF WHAT COUNTRY?
	Charles McC		Carrie H	N NAME ODKins	
15. WAS DECRASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If year, give war or dates of service)	7 16. SOCIAL SECURITY No.	17. INFORMANT AND		lle, Md.
Immediat Anteceder Diseases or giving rise t	nt cause(s) conditions, if any, to the above cause	LEADING TO DEATH  CITCLES  Arthur	RELIGION L'IGIUNI Delino	rrhage	INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIF	inderlying cause last (c)	b. Juffer	tursen		
		FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (COU	NTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
	ify that I attended the	d that death occurred at.	ADDRESS / MA	Brace!	te stated above.  DATE SIGNED
23. BURIAL, CREM REMOVAL SPO	1-25-19	51 Dublin M.	E.	LOCATION (City, town, or Dublin, Harfo	rd Co.,Md.
REG. 2.5/9	LOCAL REGISTRAR'S	SIGNATURE SIGNATURE	24. FUNERAL DIRECT	Intherson &	ADDRESS

Supply every item of information carefully. write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

The correct age



## The correct age

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

	114	+T.	10	_ /
Reg.	Dist.	No	7	7

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	. 0 . 0
COUNTY Cecil, MARYLAND	STATE M & COUNT	Y Cecil
CITY (If outside corporate limits, write RURAL and Cardy (in this place) TOWN	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital.	STREET (II mal give location)	
3. NAME OF (First) (Middle) (Middle) (Type or Print) WILLIAM.	(Last)  4. DATE (Month)  OF  DEATH  DEATH	(Day) (Year) 3/. 195/
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED, WIDOWED  (Specify)  7. SINGLE, MARRIED, WIDOWED,	8 DATE OF BIRTH   9. AGE last borthday   If unde	
10a. USUAL OCCUPATION (Give kind of work done diring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wolker.	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT LECONDE. C	Ukton Ind
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Uculi Condi	e ditatata	
442× Antecedent cause(s)	,	1/20.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	La chair	700
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.		••• ••••••
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m.   Work []	1	
22. I hereby certify that I attended the deceased from	, 1947, to Jan 31, 1947, that I last	saw the deceased
0	m., from the causes and on the date st	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Heckentrales - m D.	Elklow had	Pel 1.1951
23. BURTAL, CHEMATION DATE DEMOVAL (Specify)  Tel-5/5/1  NAME OF CEMETE	YY OR CREMATORY LOCATION (City, torn, or cour	nty) (State)
BATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS Z.A
July 1 dir Junger	IN WHIPEN I A. W. C.	Stow, Mil
<b>y</b> ,	1/////	

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

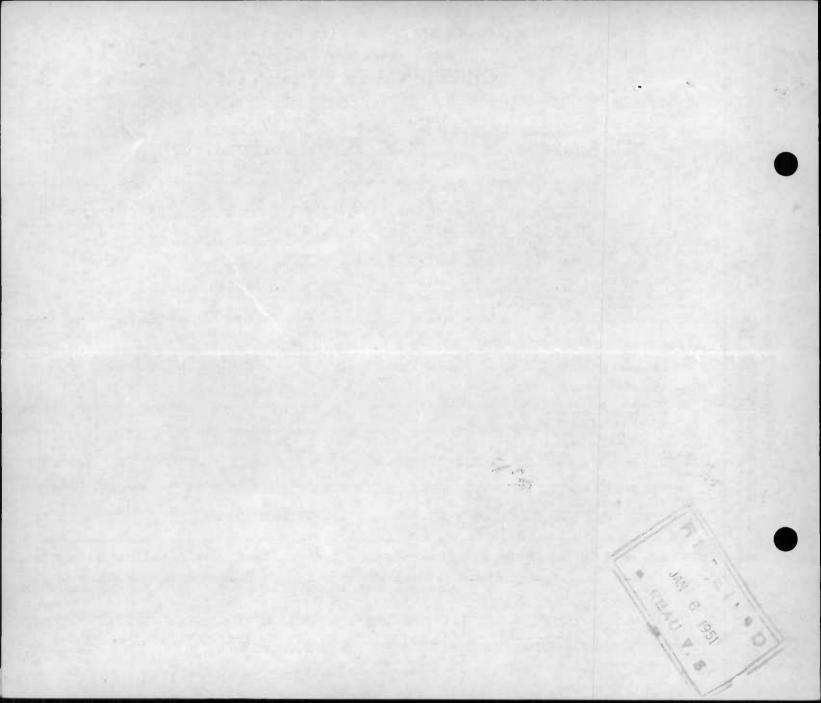
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0417

## CERTIFICATE OF DEATH

		1
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Cecil MARYLAND	STATE Maryland Cecil	
CIMY (If and ide assessed Builds and a DEDAY and a VENCTUL OF CTAY	CITY (If outside corporate limits, write RURAL and give nearest town	2)
OR give nearest town Perryville (in this place) TOWN	TOWN Perryville	-
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS	
	The state of the s	
3. NAME OF (First) (Middle) MITH	OF _	(Year)
(Type or Print) Samuel Owers Mc	Mullen   DEATH Jan.3,1951	19
5. SEX Male  6. COLOR OR RACE WIDOWED DIVORCED, (Specify) Single	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under Anna 24 1990 Hours	24 hrs
Male   White   (Specify)Single	Hug. 64.1000   70 yrs.	MIIO.
10a. USUAL OCCUPATION (Cive kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF	WHAT
done dwing motor wide like and feliced in Industry na . R R	Maryland USA USA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Hazelett O. McMullen	Mary E. Smith	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, ac, or unknown) (If year, give war or dates of service)	Norman McMullen, Perryville, Md.	
	. Alexandra de la constanta de	
18. MEDICAL CEI I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		TWEEN
1. DISEASES OR CONDITIONS DIRECTED READING TO DEATH	ONSET AND	DEATH
Immediate cause (a) Carlinoma	of Odophagus I you	
1-04	The state of the s	**********
15 UX Antecedent cause(s)		
Diseases or conditions, if any, (b)		
46 ogiving rise to the above cause stating the underlying cause last		
(c)	***************************************	
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPS	SY7
	Yes 🗆	No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE	E)
HOMICIDE INJURY		
TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY  m. While at Not While Work At work	1	
	, Bn 3 to	
22. I hereby certify that I attended the deceased from	, 19 to pund, 19 that I last saw the dece	ased
200 - 000 1 105/ 200 1 200 1 200 1 50		
alive on, 197, and that death occurred at	ADDRESS DATE SIG	NIVER
SIGNATURE (17 701	DATE SIG.	NED
x.ti Magraw. n. D.	Persyrlle (nd. Jan d. 19	75-1
23. BURIAL, CREMATION   DATE   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or county) (Sta	ate)
REMOVAL (Specify) 1-6-1951 St Marks	Perryville, Md. Rural	
DATE REC'D BY LOCAL   RECISTRAR'S SIGNATURE	K24. FUNEBAL DIRECTOR ADDRESS	
are H. 1951 Trene E. Daughert	Ven a (Tallerson & Seal	
Xeer 113121		
	Perryville, Md. 73/50	7



## MARYLAND STATE DEPARTMENT OF HEALTH

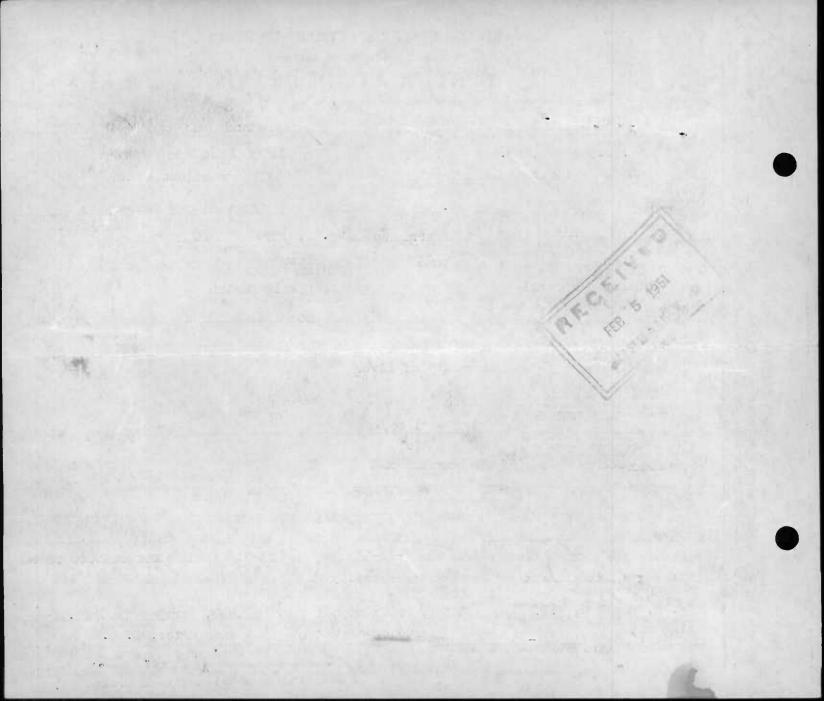
2411 N. Charles Street, Baltimore

0418

Havre de

Gace, Md.

		CERTIFICAT	E OF DEAT	TH	Reg. Dist. No.	96
CITY (If outside co OR give nearest	cil rporate limits, write RURA town) rry Point, Md.	MARYLAND LENGTH OF STAY (in this place) 7 days ministration (Middle)	2. USUAL RESIDENCE ( STATE Maryla CITY (If outside corporation of the	nd rate limits, write	COUNTY RURAL and give	(Day) (Year)
	HERNDON 6. COLOR OR RACE White TION (Give kind of work orking life, even If retired) ne	`_ '	ORSELL  8. DATE OF BIRTH  Aug. 2. 1890  11. BIRTHPLACE (State  Massachuse  14. MOTHER'S MAIDER	9. AGE last birt 60 or foreign country	January hday   If under 1 yrs.   Months	31 151 year ill under 24 hrs
15. WAS DECRASED EV	don Morsell  ER IN U.S. ARMED FORCES' (If yes, give yet, or dates of bervice) WI-1	16. SOCIAL SECURITY NO.	Lizzie Bu 17. INFORMANT AND Hospital	ADDRESS		
Anteceden Diseasee or ce giving rise to stating the un  11. OTHER SIGNIFIC Conditions contribut	t cause(s) onditions, if any, the above cause derlying cause last (c)	Cirrhosis of Live Anasarca Arteriosclerosis	<b>r</b>			INTERVAL BETWEEN ONSET AND DEATE Unknown
	KATOM 19b. MACKA	AND				20. AUTOPSY? Yes F No
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY	(Specify) PLAC OF INJU (Day) (Year) (Hour) m.	CE (Home, farm, factory, atreet, office bldg., etc.) RY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC		(COUNTY)	(STATE)
SIGNATURA	MNON, M.D.  TION   DATE THEREO  2-2-51  OCAL   REGISTRAR'S	Glenwood C		VAH. Perilocation (City Washingto	the date stary Point.	ted above. DATE SIGNED  Md. 2-1-51



0419

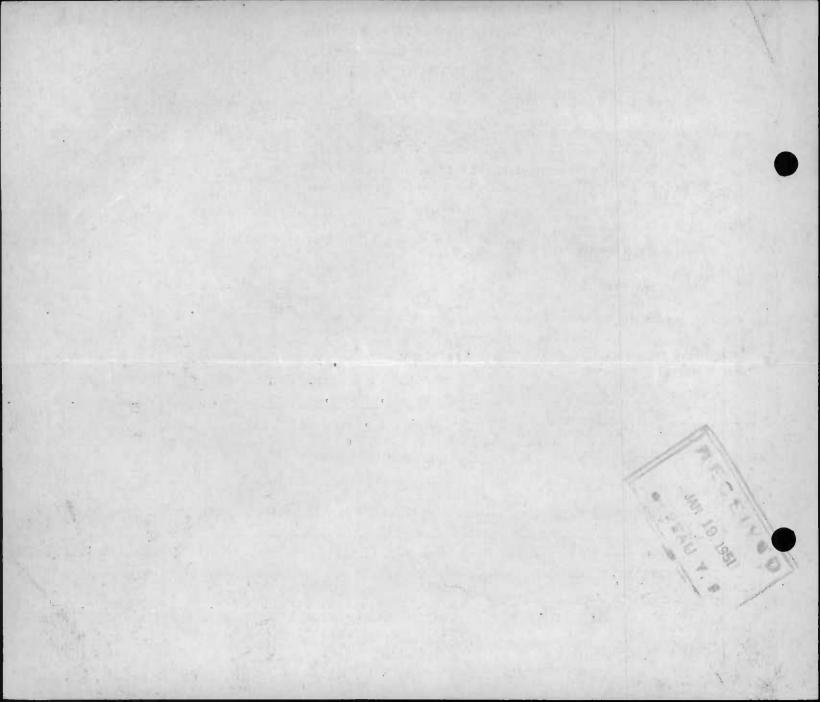
## CERTIFICATE OF DEATH

Reg. Dist. No. 96

/					
1. PLACE OF DEAT	H. ECII.	MADVIAND	2. USUAL RESIDENCE (H STATE MARYLAND	COUN	TY
CITY (If outside o	corporate limits, write RURA	MARYLAND AL and   LENGTH OF STAY	CITY (If outside corpora	te limits, write RURAL and	give nearest town)
OR give nearest	v Point	25yrs5mos20da			
HOSPITAL OR		nistration Hospit	STREET ADDRESS 1808 Ch.	(If rural, give location) arles Street	<b>V</b>
3. NAME OF DECEASED (Type or Print)	(First) RAYMOND	(Middle)	(Last) REYNOLDS	4. DATE (Month) OF DEATH January	(Day) (Year) 16 1957
5. SEX Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single		9. AGE last birthday   If unde	er 1 year If under 24 hrs. is. Days Hours Min.
10- HSHAL OCCUP	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	Pennsylvani	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	VV8
Unkno		/ in	Unknown		
	VER IN U.S. ARMED FORCES (If year, give war or dates of mervice)		Hospital Records		oint, Md.
I. DISEASES OR CO	ONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Immediat	le cause (a)	Coronary sclero	sis, severe	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Unknown
EUT 2	nt cause(s)	Myocardial infa	arction, old, mul	tiple	Unknown
Discourses	conditions, if any, (b)	Pancreatitis, a	cute, hemorrhagi	.c Ar	prox. 36 hrs.
giving rise t	to the above cause underlying cause last	T Cholelithiasis,	multiple		Unknown
II. OTHER SIGNIF Conditions contrib	ICANT CONDITIONS uting to the death but not ase or condition causing deat	8 (11111) - 1 <sub>111</sub> -1 <sub>11</sub> - 1 <sub>111</sub> -1 <sub>11</sub> - 1 <sub>111</sub> -1 <sub>11</sub>			the second secon
		INDINGS OF OPERATION			20. AUTOPSY?
					Yes No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA			9-12	Y) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?	
22. I hereby cer	tify that X attended the	e deceased from July 2	7, 1925, to Jan]	1.6, 195 <b>0</b> ., ti <b>XXXXX</b>	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
SIGNATOR	adococourco, an	d that death occurred at(Degree or title)	7.2.30Alim., from the	causes and on the date	stated above. DATE SIGNED
E HRA	NNON M. B.	Chief, Profess	sional Services,	VAH., Perry Point	,Md. 1-17-51
23. BURIAL, CREA REMOVAL (Spe	IATION DATE	NAME OF CEMETE	ERY OR CREMATORY   L	OCATION (City, town, or con	unty) (State)
DATE REC'D BY	1 yan 16,1	SIGNATURE /	tional Cemetery	Baltimore, Mar	yland
Jan 141	951 Juene	E Dansharty	Cemin	Hen of Ven	
<i>F</i> .		0	PENNINGTON & SO	N, HAVRE DE GRAC	E, MD.
				(1 / 4 / 4 /	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

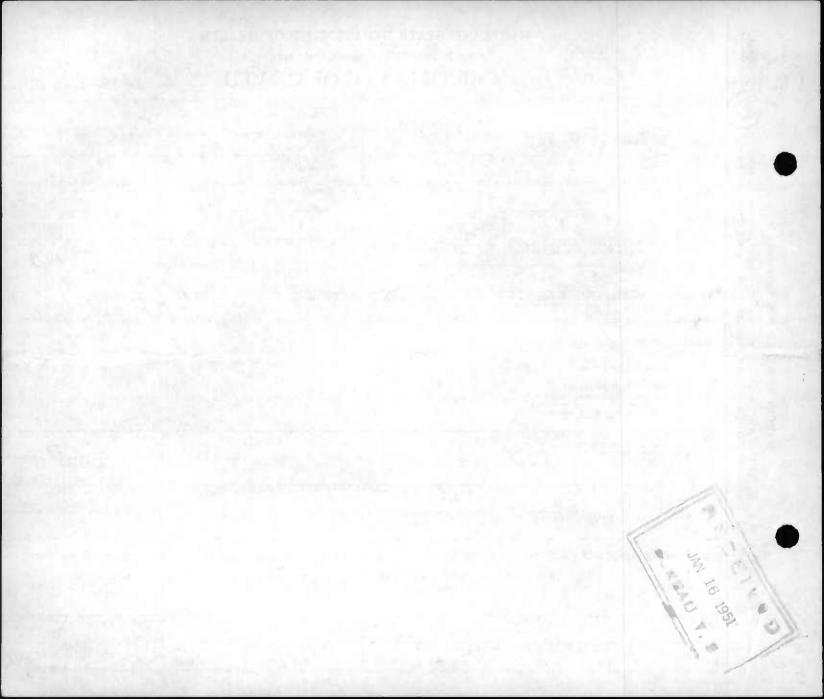
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

(121) Reg. Dist. No. 92

1. PLACE OF DEATH- COUNTY Cecif MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED CONT	ril
CITY (If outside corporate limits, write RURAL and LENGTH, OF STAY (in this lines), TOWN	CITY (II outside corporate limits, wrist RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eleton, md	STREET (If rural give location) ADDRESS	
3. NAME OF (First) DECEASED (Type or Print) DECEASED (Type or Print) DECEASED (Type or Print) DECEASED (Middle) Rec	(Last)  4. DATE (Month) OF DEATH Jan.	(Day) (Year) /2 195/
5. SEX Note (6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Final te		r 1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	M. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ernest C. Richardson	14. MOTHER'S MAIDEN NAME Emma Tallencer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grant bown) (If yes, give war or dates of service)	17. INFORMANT Ernest C Richard	4-02
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	etar Failure	INTERVAL BETWEEN ONSET AND DEATH
761.0 Immediate cause	and practice	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  Market  Barelle	Presentation	a. 10 to to
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes D No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12	, 190 /, to / - /2 , 190 /, that I last	saw the deceased
alive on 1907, and that death occurred at 1907 (Degree or title)	ADDRESS from the causes and on the date st	ated above. DATE SIGNED
Vi Cewociron Min (	leang suchel	1-13-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) / / 3 5 / Brooker	ew Rising Sun	md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGION / 2 / Jungar	24. FUNERAL DIRECTOR Rolph M Reld Rus	ADDRESS Me
201121261405		0



## MARYLAND STATE DEPARTMENT OF HEALTH

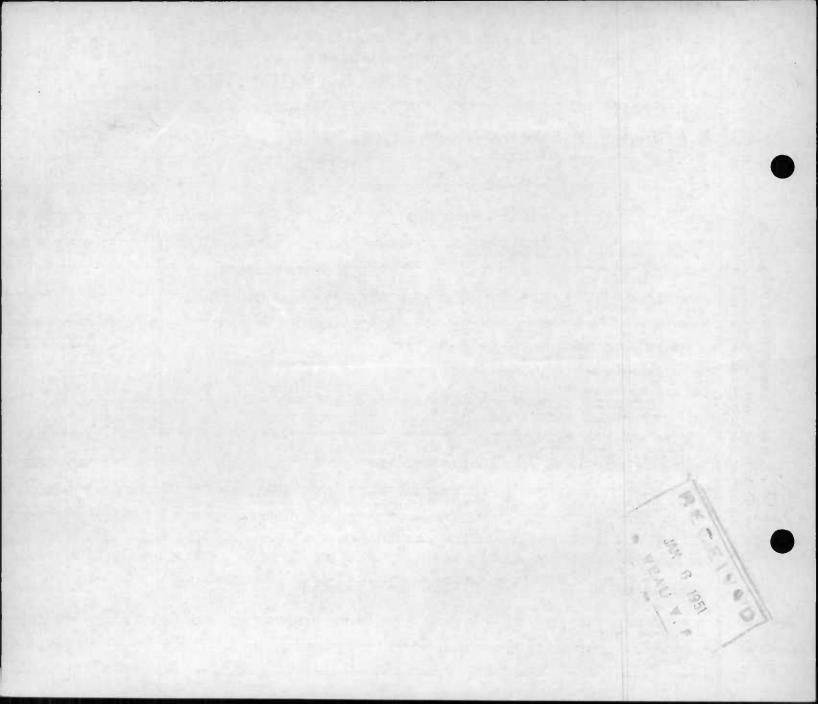
2411 N. Charles Street, Baltimore

## 0421

## CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY CECL MARYLAND	STATE had COUNTY Co	cel
OR give nearest town)   Carry (in this place)	CITY (If outside corporate limits, write RURAL and give nearest OR	t town)
TOWN Olkin	TOWN MILE	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Comments Hosp.	ADDRESS Newark (11 rural, give location)	EL
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) / Oward	ussell DEATH Jan 3	1957
6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Jungle	S. DATE OF BIRTH 9. AGE last birthday If under I year II Oct, 4 / 8 7 9 7 yrs. Months Days	funder 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business of Industrial Ind	II. BIRTHPLACE (State or foreign country) 12. CITIZE COUNTRY	N OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Russell	no information	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
(1 yes, no, or unknown) (11 yes, give war or dates of service)	Mrs. alice J. Hall	
18. MEDICAL CEI		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET	AND DEATH
a himie	no alti	Len X
Immediate cause (a)	Joenain,	371
Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause	neros :	
43 d stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. At	JTOPSY?
	Yes	O No O
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from 12/12	1950, to 1 31, 1957, that I last saw the	deceased
alive on	ADDRESS DATI	ove. E SIGNED
faul flulfundes	Elliber red 1/4	4/50
REMOVAL (Specify) for 7 White bla	RY OR CREMATORY LOCATION (City, town, or county)	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	V24. FUNERAL DIRECTOR ADD	RESS
Jew 4 Maser	1. J. Jones Newark	DEL
	970116	



826

The correct

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (HO		D. COUNTY	
CITY (If outside corporate limits, write RURA OR give nearest town) TOWN Perry Point		CITY (If outside corporate OR S TOWN Balti		L and give near	est town)
HOSPITAL OR INSTITUTION OR Veterans Admin		STREET	(If rural, give loc	eation)	V
3. NAME OF (First)	(Middle)		4. DATE (Mor	nth) (Day	) (Year)
(Type or Print) WALTER	R.	SHOEMAKER	OF DEATH Janu	arv 5	157
5. SEX   6. COLOR OR RACE   White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married		AGE last   irthday		If under 24 hrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Pennsylvania		12. CITIZ COUNT	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		O Das
Unknown	/	Unknown			
15. Was Decrased Ever In U.S. Armed Forces (Yes, no, or unknown) (If yes, give war or dates of service)		Hospital Records,		Point, Md	
Te2 Betate MI-T	18. MEDICAL CE		,		
I. DISEASES OR CONDITIONS DIRECTLY		MINIONION			EVAL BETWEEN T AND DEATH
Y 3°-4 (a)	Ulcer, gastric, h	emorrhage massive			Unk
Immediate cause (a)	24.00 9 . Belova 20.9 AA	ower war of the		***************************************	YAAAL
Antecedent cause(s)	Arteriosclerosis	generalized seve	ro		
giving rise to the above cause	## 004 #000#0# 0 0 0#B	Ecutation's Solo		***************************************	***************
117 a stating the underlying cause last					
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not					
related to the disease or condition causing death				1 20 4	AUTOPSY?
21. ACCIDENT (Specify)   PLAC	CE (Home, farm, factory, street,	: (CITY OR TO	WN) (CC		(STATE)
SUICIDE OF INJU	office bldg., etc.)			JON 11)	(SIAIE)
TIME (Month) (Day) (Year) (Hour) OF INJURY — m.	INJURY OCCURRED While at Not While Work At work	IIOW DID INJURY OCCU	R?		
22. I hereby certify that Tattended the					
silveon and signature and sign	d that death occurred at	1:30PM m., from the ca	uses and on the	date stated a	bove. TE SIGNED
G BRANNON W D	Chief .Profession	nal Services VAH.	Perry Poir	at . Md . Jar	
23. BURIAL, CREMATION DATE THEREOREMOVAL (Specify)	NAME OF CEMETE	RY OR CREMATORY   LOC	CATION (City, town,	or county)	(State)
Removal 1-0-01	Baltimore Na	tional Cemetery.	Baltimore.	Maryland	
DATE REC'D BY LOCAL REGISTRAR'S REG.	SIGNATURE	2 ONERAL DIRECTOR	Han XI	Que ADI	DRESS
7-01-12		PENNINGWON & SA	. Havre De	Grace.	id.



The correct age

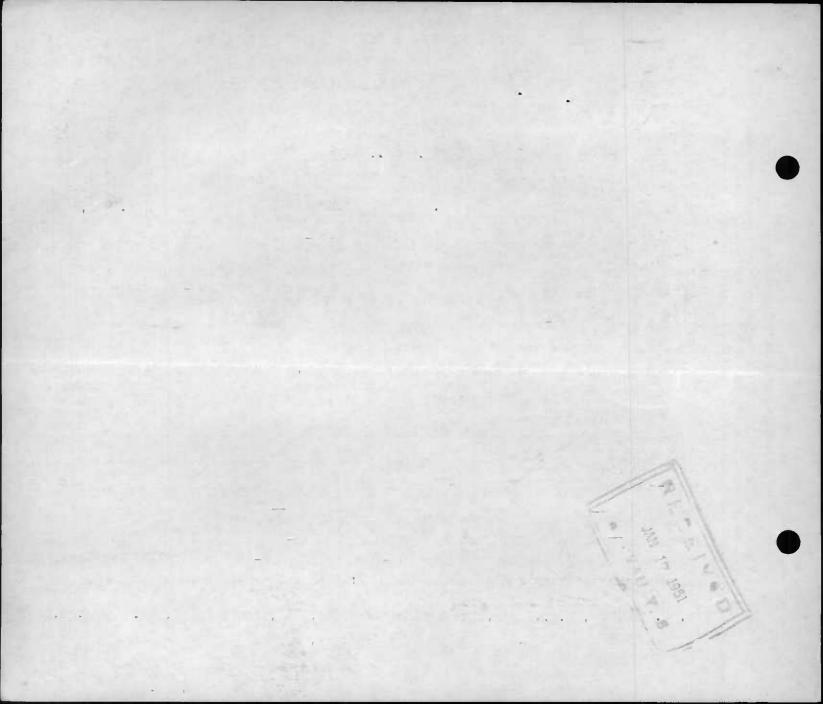
## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## 0425

## CERTIFICATE OF DEATH

****					
I. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY		
Cecil MARYLAND			Pennsylvania		
OR give nearest	proporate limits, write RUR town) Perry Point	AL and LENGTH OF STAY (in this place) 5 yrs. 2mos 15	II OB	te limits, write RURAL and g	ive nearest town)
HOSPITAL OR	SELLY TOTHE	C	STREET	(If rural, give location)	
HOSPITAL OR INSTITUTION OF STREET ADDRESS	S Veterans A	dministration	ADDRESS Leet	tsdale	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	JOHN	C.	SHUBAR	OF DEATH Jan.	15, 19 51
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	6_24_1891		1 year   If under 24 hrs. Hours   Min.
10a. USUAL OCCUPA	ATION (Give kiod of work orking life, evon if retired)	10b. Kind of Business or Industry Coal mine	II. BIRTHPLACE (State of	r foreign country)	2. CITIZEN OF WHAT COUNTRY?
Miner 13. FATHER'S NAM	r a	Coal mine	Yugoslavia	NAME	USA
	bar - deceased			wich - deceased	
15. WAS DEVERASED FO	TER IN IIS. ARMED FORCES	17   16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(Yes, no, or unknown)	(If yes, give war or dates service) WW_I	of Unknown	Hospital reco		
	The state of the s	18. MEDICAL CE	-		
I. DISEASES OR CO	NDITIONS DIRECTLY				INTERVAL BETWEEN ONSET AND DEATH
Immediate	cause (a)	Carcinoma of the p	rostate, with me	etastases to	Unknown
IMM Amaradam	t	the regional lym	ph nodes		
	conditions, if any, (b)	Cirrhosis of the			
5/ A giving rise to	the above cause nderlying cause last				
	(e)	Encephalomacia			
	CANT CONDITIONS ting to the death but not se or coodition causing deat	h.			
		FINDINGS OF OPERATION			1 20. AUTOPSY?
					Yes 🔀 No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJ	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COUNTY	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	IOW DID INJURY OCC	CUR?	
OF INJURY	m.	While at Not While Work At work	_	DIE THE STATE OF	
	, VA	1 11 30 70	.A5 . 1 15	51	
22. I hereby certi	fy that I attended th	e deceased from 10-30-	, 19±0, to	, 19.21., that I fast	sow-the-deterredry
X III O O DO XX	AND THE REAL BY	d that death occurred at	2:15 AM m., from the	causes and on the date s	tated above.
SIGNATURE	War	(Degree or title)	ADDRESS		DATE SIGNED
9. P. BRAN	NON. M.D. Chie	f.Professional Ser	vices, VAH, Per	ry Point, Md.	Jan. 16, 1951
23. BURIAL, CREMA REMOVAL (Speci Remova	$1^{(y)}$   1-16-51	Beaver Ger	netery,	Beaver, Pennsylv	
PATE REC'D BY I	LOCAL REGISTRAR'S	SIGNATURE	FINERAL DIRECTO	R	ADDRESS
Jan 16,19	51 Frene	2. Danghade	CHARLES WARRANT	The distant	
		,0 1	Havre de	Grace, Md.	50216
					- W - W

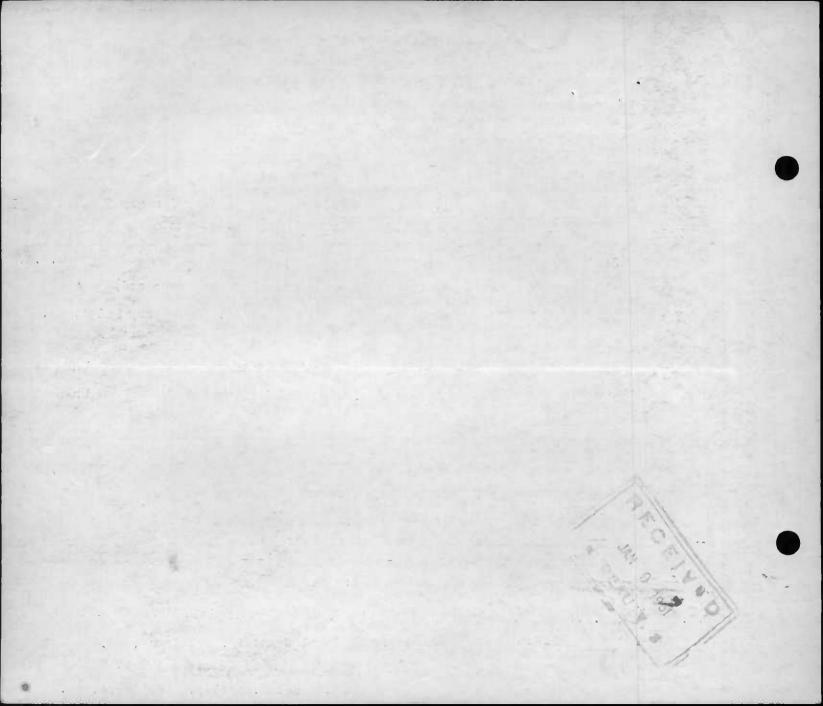


## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

/					
1. PLACE OF DEATH COUNTY	Cecil	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DECEASED.	Wrysaltimore
OR give nearest TOWN	proporate limits, write RUR town) Perry Point	AL and LENGTH OF STAY	TOWN Balt:		
HOSPITAL OR INSTITUTION OF STREET ADDRESS	S Veterans Admi	inistration Hospit	STREET 416 Ea	(If rural, give location ast 21st Street	· /
3. NAME OF DECEASED (Type or Print)	JOHN	(Middle)	SPRIGGS	4. DATE Janual'y DEATH	7 (Day) (Year)
Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, MINORCED, (Specify)	8. DATE OF BIRTH 1-22-95	yrs. l	der I year   If under 24 hrs. hs   Days   Hours   Min.
	ATION (Give kind of work orking life, even if retired)	10b. Kind of Business on Industry Unknown	Maryland		12. CITIZEN OF WHAT COUNTER S.A.
	hn Spriggs (I			rooks (Deceased)	
(Yes, no. or unknown)	/BR IN U.S. ARMED FORCES (If yes, give yes of dates (service)	7 16. Social Security No. Unknown	Hospital Record	ADDRESS Is, VAH, Perry F	oint, Md.
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY				INTERVAL BETWEEN ONSET AND DEATH
Immediate	e cause (a)	Hypertensive card	iovascular disea	158	Unknown
Diseases or o	t cause(s) conditions, if any, (b)	Syphilis, tertiary	, with CNS invo	lvement	Unknown
300 giving rise to stating the u	o the above cause inderlying cause last (c)	Uremia			Unknown
II. OTHER SIGNIFI Conditions contributed to the disease	CANT CONDITIONS ting to the death but not se or condition causing deat	h.			
19a. DATE OF OPE	RATION 19b. MAJOR 1	FINDINGS OF OPERATION			Yes No Y
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU		(CITY OR T	TOWN) (COUNT	TY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
	·	e deceased from 1-3		The second secon	
SICALPRO	COOLEX CONTRACTOR AND	d that death occurred at (Degree or title)	6:45 A.m., from the	causes and on the date	stated above. DATE SIGNED
B.P. BRANNOD	M.D. Chief.	Professional Servi	ces, VAH, Perry	Point, Md. Ja	n.7, 1950
23. BURIAL, CREM. REMOVAL (Spec Removal		Baltimore 1	National Cemeter	y, Baltimore, M	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE SALT	HASIMAL DIRECTO	Henry 578 W.	ADDRESS
0		A0-161	Mrs. Samuel T. He	meley Reltimo	re Md.



0425

## CERTIFICATE OF DEATH

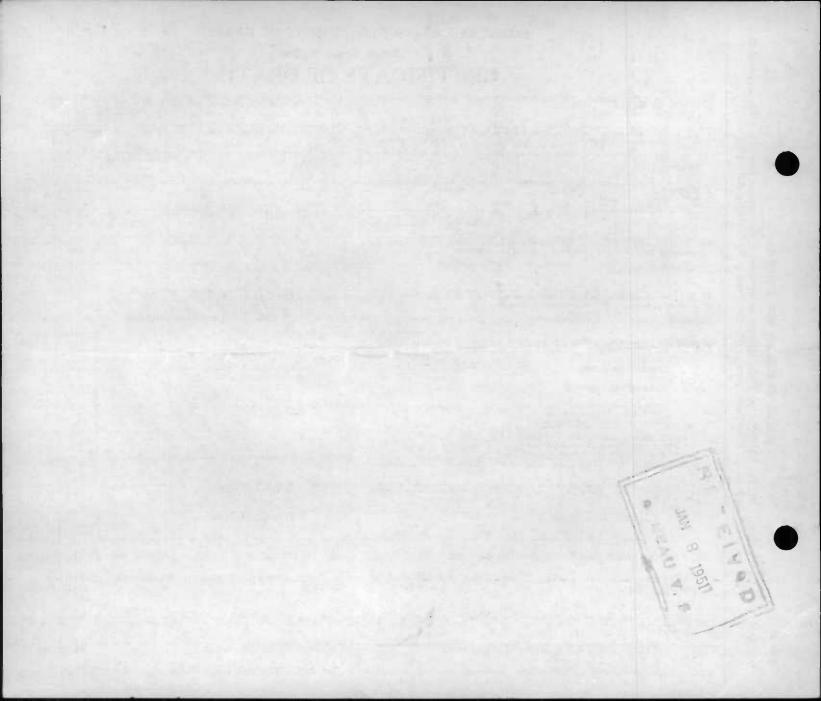
Reg. Dist. No....

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Cecyl MARYLAND	And worth East COUNTY Ceeil
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside cornorate limits, write RURAL and give nearest town)
OR give nearest town EIK+9 (in this place)	TOWN them horth East
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS WHOW Hospital	ADDRESS Wille
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Wary	Stebring   DEATH Jan H 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRISO, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday II under 1 year II under 24 hrs.  7 2 yrs. Hours Min.
100 USUAL OCCUPATION (Give kind of work   10b. Kind of Business OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Country? 4.
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
Some Ole Luli	Reveele Brown
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	
(Yes, no, or unknown) (If year, give war or dates of service)	12. INFORMANT AND ADDRESS WITH CASE THE
	nmara amora
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
570 Immediate cause (a) Integtina	) Qb-struction
Antecedent cause(s)	0
	enesious -
/ d o giving rise to the above cause	
stating the underlying cause last	icrealities.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
12/10/10 - Revenuel 1/2/31 - Valestinal	elistructur Yes   No
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m.   Work   At work	
22. I hereby certify that I attended the deceased from Local 5	195.0., to the deceased
201 and that double commod at	
alive on 191, and that death occurred at SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
SIGNATURE	1 1001 ( + 1000)
A Virguer Comment III	with any maryeng ran 4 30
	RY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVALI (Specify) for 8 Hopewel	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE /	24. HUNERAL DIRECTOR //ADDRESS
REG. Key H The Trans	Lang Jallering NX Ash
7900 -1 1010	The state of the s
	- Jerrymels. Ma-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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The correct



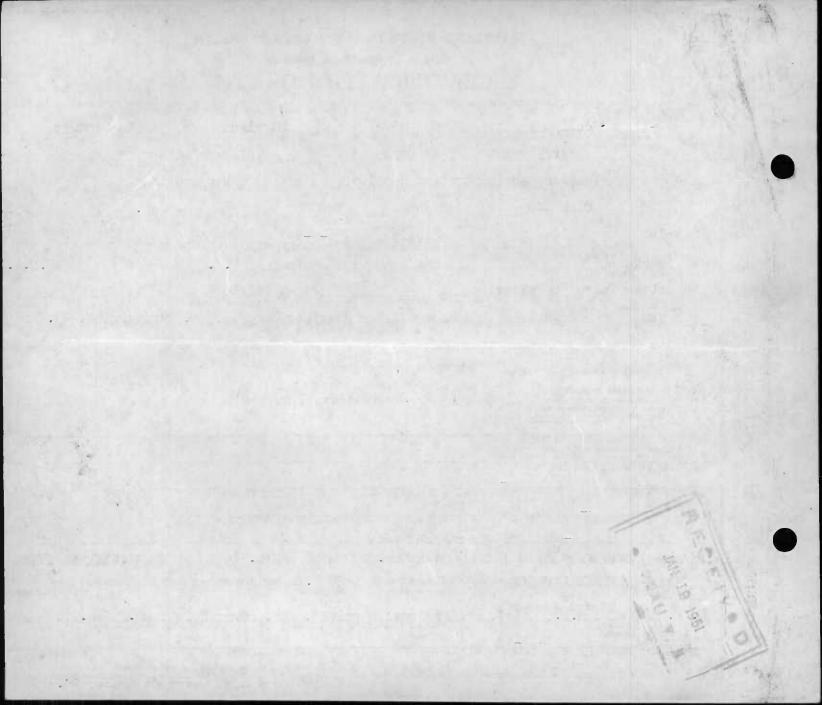
The correct age

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

	ODJET IT TOTAL	DOI DEMI	Reg. Dist.	. No95
I. PLACE OF DEATH-		2. USUAL RESIDENCE (1 STATE	COU	NTY
-Cecil	MARYLAND	Marylar	IQ MOI	ntgomery
CITY (If outside corporate limits, write RURA	L and LENGTH OF STAY	OR CITY (If outside corpora	ate limits, write RURAL and	give nearest town)
OR give nearest town) TOWN Perry Point	t 48 days	TOWN Sil	ver Springs	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Admi	nistration Hospit	STREET ADDRESS 9908	(If rural, give location Merwood Lane	1)
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) CLARENCE	ARTHUR	TUDGE	OF DEATH Jan.	16 19 51
Male 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	5-9-92	9. AGE last birthday   If un Mon'	tha Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  BOOKKEEPET  13. FATHER'S NAME	10b. Kind of Business or Industry Unk/	Washington I		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	- CANY	Washington I	NAME	0.0.4.
Arthur Tudge (Deceased	1	Sarah Weigl		
15. WAS DECRASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of lservice)	Unknown	Hospital Record		oint 16d
Te2 Bervice) IIII T	18. MEDICAL CE		is, van, refry Fo	orne ma
I. DISEASES OR CONDITIONS DIRECTLY I		KIIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	II	2 2		7 3
Immediate cause (a)	Hemorrhage, cere	pral	***************************************	3 days
Antecedent cause(s)	due to			
Diseases or conditions, if any, (b)	Typertensive cardi	ovescular renal	disease	
2/a giving rise to the above cause				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
stating the underlying cause last				
11. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not				
related to the disease or condition causing death				
19s. DATE OF OPERATION   19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
				Yes 🗆 No 🚺
21. ACCIDENT (Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.) RY	(CITY OR T	COUN'	TY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
Trauri Tra	WE WOLF			
22. I hereby certify that Wattended the	deceased from Nov. 29	9 19 50 to Jan. ]	6 19 57 YEATYING	KAKKAKAKKAK
22. I hereby certary that & aviolated the	deceased from	y, 10y.a, 00	www., rojur, manufactura	IL/DATIC/LABORIDESSIA.
SIGNAPERIL	that death occurred at	4:50. P. m., from the	causes and on the date	e stated above.
SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
- Daganno				
BRANNON M.D. Chiei	, Professional Ser	rvices, VAH, Per	ry Point, Md.	Jan. 17, 1951
23. BURIAL, CREMATION   DATE THEREO		RY OR CREMATORY   1	OCATION (City, town, or c	county) (State)
REMOVAL (Specify) 1-17-51	Unknown		Unknown	
DATE REC'D BY LOCAL   REGISTRAR'S	SIGNATURE	24 TUNERAL DIRECTO	R	ADDRESS
QREG. 17,1851 June 8	- Durahorts	Jenne	order 7/ Va	
	100 1111	PENNINGTON & SC	Havre de Gr	ace, Md.
	400,000	- AMILITATION & DO	navio de di	How, Mare



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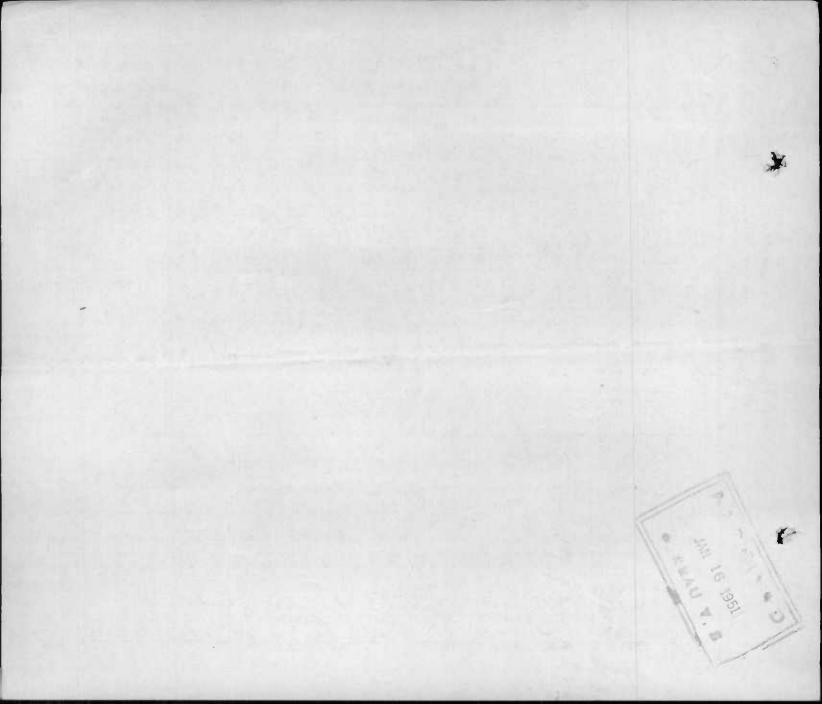
## MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

(427

Reg. Dist. No.....

I. PLACE OF BEATH. COUNTY CECL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest topin) (in this place)	CITY (If outside corporate timits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS WWON POPulal	STREET ADDRESS 35 Holling and It will
3. NAME OF (First) (Middla)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH COM: 12 197
6. SEX 6. COLOR OR RACE 7. SINGLE, MARKIED, WIDDEN, DIVORCED	8. DATE OF BIRTH 9. AGE last birthday   If under 1 year   If under 24 hrs.   Months   Daya   Hours   Min.
10a. USUAL OCCUPATION (Start kind of work done daring most a yarding the order is retired)  10b. Kind of Businass on Indiana.	11. BIRTHPLACE (State or foreign country)   12. CATIZEN OF WHAT
13. FATHERS NAME Charles L. Ward.	14. MOTHER'S MAIDEN NAME ALL Trude Parson.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wer or dates of service)	17. INEGRMANT & Wourd.
18. MEDICAL CE	PTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Hemmorliage.
812 5 Immediate cause	**************************************
Antecedent cause(s) Diseases nr conditinns, if any, giving rise to the above cause stating the underlying cause last	
(e)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes   No   X
21. EXTERNAL CAUSE WAS PRIMARY A OR CONTRIBUTING OF OFF OFF OFF OFF OFF OFF OFF OFF OFF	County (County) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY / // 67 work at work	The little truck
from: natural causes . accident X, suicide ., homicide	ased died on the day stated above, and death in my opinion resulted
SIGNATURE Relevockson DME	Address Date signed 1-13-67
23/ BURIAL CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY   LOGATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. True 13 The Truesco	24. FUNERAL DIRECTOR : ADDRESS
	510246



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## MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

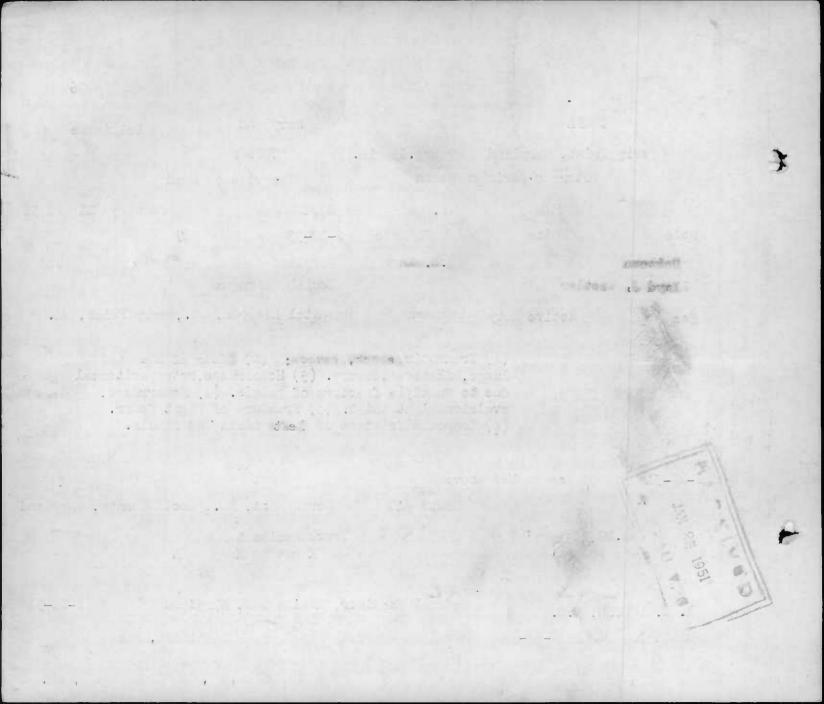
0420

HAVRE DE GRACE, MD.

FOR MEDICAL EXAMINERS Reg. Dist. No. 96 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY CECIL CITY (If outside corporate limits, write RURAL and give nearest town) MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY TOWN Perry Point Maryland hrs. 15 min TOWN TOWSON HOSPITAL OR
INSTITUTION OR
STREET ADDRESS Veterans Administration STREET (If rural, give location) ADDRESS Providence Road 3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED NORMAN WASTLER (Type or Print) DEATH January 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specify) SINGLE 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year If under 24 hrs. Months | Days Hours | Min. White 2-12-33 Male 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) . Navy Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lloyd J. Wastler Beulah Euerngam 17. INFORMANT 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of Yes Unknown Hospital Records, VAH., Perry Point, Md. Yes 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATE (1) Traumatic shock, severe: (2) Edema of the Immediate cause (a) lungs, bilateral. Severe. (3) Hemorrhage, retroperitoneal due to multiple fracture of pelvis. (4) Hemorrhage, 15 ture 26 % Antecedent cause(s) Diseases or conditions, if any, avulsion right thigh. (5) Fracture of right femur. giving rise to the above cause stating the underlying cause last (6) Compound fracture of lieft tibia and fibula. H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 1-20-51 as stated above PLACE (Home, farm, factory, street, OF office bidg, etc.) 21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. (CITY OR TOWN) (COUNTY) (STATE) OF office broute #40 North East, RD., Cecil County, Maryland I INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) 12:05 Pithile at Not while at work Truck Accident. 22. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection 🖪 Inquiry 🛣 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted fram: naturol causes , occident , suicide , homicide , undetermined .

ADDRESS

ADDRESS DATE SIGNED Medical Examiner, Rising Sun, Maryland 1-21-51 DODGGN 23. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) Moreland Memorial Park Baltimore. Maryland DATE REC'D BY LOCAL ADDRESS



## CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

88	MARYLAND STATE DEPARTMENT OF HEALTH &	1
ect ag	CERTIFICATE OF DEATH	142%
correct	FOR MEDICAL EXAMINERS Reg. Dist. N	lo
The	1. PLACE OF DEATH- COUNTY  COUNTY  MARYLAND  2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY  STATE  MARYLAND	retely
fully.	CITY (If outside corporate limits, write RURAL and OR give persect tawns of the rest	ive nearest town
n care	HOSPITAL OR INSTITUTION OR SUBJUERANMA CUVER ADDRESS CURVES CONTINUED OF	ut. 1
of information carefully. death clearly and legibly.	3. NAME OF DECEASED (First (Middle) (Last) (Last) (Month) OF OF OF DEATH	(Day) (Year)
inform th cle	5. SEX 1. (6) COLOR OR RACE 7. SINGLE, MARRIED 1. DATE OF BIRTH 9. AGE last hirthday If under WIDOWLD DINORCED 1. DATE OF BIRTH 9. AGE last hirthday If under Months	T 1 year   If under 24 hrs   Days   Hours   Min.
m of dea	done dupling proset of working life, even the tired) by Strucking Belaur Mid.	COUNTRY OF WHAT
ry ite	Howard J. Williams Mary windell	10
Supply every item write the causes of	15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. 17. INFORMANT (Yes, no. of unknown) (If yes, gly was of Tates of 2/8-01-5898) 17. INFORMANT (In June 1988) 18. Social Security No. 17. INFORMANT (In June 1988) 18. Social Security No. 17. INFORMANT (In June 1988) 18. Social Security No. 17. INFORMANT (In June 1988) 18. Social Security No. 17. INFORMANT (In June 1988) 18. Social Security No. 18.	24 all
Suppl	18. MEDICAL CERTIFICATION  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
INK. please	Immediate cause (a) Drowed:	)
IG II	850, 8 Antecedent cause(s) Diseases or conditions, if any, (b)	200 - which on the Amington transformation of course a.
WITH UNFADING INK mportant. Physicians: plea	glving rise to the above cause stating the underlying cause last (c)	
UNF.	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
ITH	19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes No Z
	21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF the highest Cause of DEATH.  PLACE Home, farm, Justory, street, OCITY OR TOWN) OF the highest Cause of DEATH.  CAUSE OF DEATH.	il md.
LAINLY, WITH U especially important.	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while at work at work Tell from Boxet.	
LEASE WRITE PLAINLY is especially	22. I certify that I took charge of the remains described above, held an Autopsy 🗋 , Inspection 💢 Inquiry 💢 thereon and obtained by said Autopsy, Inspection of Inquiry, find that said deceased died on the day stated above, and death in my	from the evidence opinion resulted
RITE	from: natural causes [], accident [], suicide [], homicide [], undetermined [].  SIGNATURE (Degree or title)	DATE SIGNED
E.W	23. BURIAL. CREMATION   DATE THEREOF   NAME, OF CEMETERS, OR CREMATORY   LOCATION (City, toyn, or cou	nty) () (State)
LEAS	DATE REC'I BY LOCAL REGISTRAR'S SIGNATURE 24. 100 MERAL DIRECTOR	DDRESS
d)	1 5/5/ 1 Aw dedich Stewart Morrelo.	delle.
	Dn	190246

MARGIN RESERVED FOR BINDING

VS. A15A